

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

FileID	Category	Cause	Owner Fleet Name	Owner Fleet Address	Owner Fleet Phone	VIN	Model Year	Mileage	Incident Date	Date Reported	Fire (N/Y)	Property Damage (N/Y)	Injuries	Fatalities	Summary
10188719	Consumer Complaint	Although there was a report of a rear impact collision and fire Chrysler Group is unable to confirm a rupture of the fuel tank or origin of the fire at the fuel tank.	[REDACTED]	[REDACTED] Great Neck NY [REDACTED] 3	[REDACTED]	1J4GZ78Y5WC [REDACTED]	1998	66000	6/30/2002	7/9/2002	Yes	No	1	0	Please See Attached Report
4362190	Consumer Complaint	Although there was a report of a rear impact collision and fire Chrysler Group is unable to confirm a rupture of the fuel tank or origin of the fire at the fuel tank.	[REDACTED]	[REDACTED] Grove PA [REDACTED]	[REDACTED]	1J4GZ58Y0SC [REDACTED]	1995	Unknown	10/14/1996	9/11/1997	Yes	No	2	0	Please See Attached Report
4679648	Consumer Complaint	Although there was a report of a rear impact collision and fire Chrysler Group is unable to confirm a rupture of the fuel tank or origin of the fire at the fuel tank.	[REDACTED]	[REDACTED] Plains NJ [REDACTED]	[REDACTED]	1J4GZ58S7VC [REDACTED]	1997	13726	Feb-98	3/3/1998	Yes	No	0	0	Please See Attached Report
6403322	Consumer Complaint	Although there was a report of a rear impact collision and fire Chrysler Group is unable to confirm a rupture of the fuel tank or origin of the fire at the fuel tank.	[REDACTED]	[REDACTED] Northridge CA [REDACTED]	[REDACTED]	1J4FX48S7WC [REDACTED]	1998	Unknown	10/27/1999	10/29/1999	Yes	No	3	1	Please See Attached Report
6406898	Consumer Complaint	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	[REDACTED] Brandon FL	NA	1J4FX58S9TC [REDACTED]	1996	40000	10/9/1999	11/1/1999	Yes	No	1	0	Please See Attached Report
7575045	Consumer Complaint	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	[REDACTED] Washington DC [REDACTED]	[REDACTED]	1J4GZ78SXTC3 [REDACTED]	1996	62000	8/3/2000	8/14/2000	Yes	No	1	0	Please See Attached Report
7888078	Consumer Complaint	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	[REDACTED] Augusta SC [REDACTED]	[REDACTED]	1J4G248S8YC [REDACTED]	2000	10000	10/17/2000	10/24/2000	Yes	No	4	0	Please See Attached Report
1201325	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	[REDACTED] LaSalle IL	Unknown	1J4GZ78S1PC [REDACTED]	1993	Unknown	10/16/2007	3/16/2009	Yes	No	2	2	Please See Attached Report

1191285	Legal Claim	Although there was a report of a rear impact collision and fire Chrysler Group is unable to confirm a rupture of the fuel tank or origin of the fire at the fuel tank.	[REDACTED]	Gurabo PR [REDACTED] 7	Unknown	1J4G258S4XC [REDACTED]	1999 Unknown	3/17/2007	4/15/2008	Yes	No	2	1	Please See Attached Report
1104145	Legal Claim	Although there was a report of a rear impact collision and fire Chrysler Group is unable to confirm a rupture of the fuel tank or origin of the fire at the fuel tank.	[REDACTED]	GA 30606	Unknown	1J4GZ58S4PC [REDACTED]	1993 Unknown	11/29/2000	10/17/2002	Yes	No	3	0	Please See Attached Report
1081893	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	Cooper City FL [REDACTED]	954-680-0742	1J4GZ58S3VC [REDACTED]	1997 Unknown	12/27/2000	11/6/2001	Yes	No	3	0	Please See Attached Report
1037693	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	NY [REDACTED] Glenhead	Unknown	1J4GZ58S3VC [REDACTED]	1997 Unknown	9/1/1999	4/10/2000	Yes	No	4	1	Please See Attached Report
1165649	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	TX [REDACTED] Cleburne	817-645-1269	1J4GZ58S6PC [REDACTED]	1993 Unknown	2/12/2006	3/20/2007	Yes	No	3	1	Please See Attached Report
1198857	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	Kinnelon NJ [REDACTED]	Unknown	1J4GZ58S9TC [REDACTED]	1996 Unknown	2/24/2007	12/15/2008	Yes	No	2	1	Please See Attached Report
1178525	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED])	Daleville AL [REDACTED]	334-598-2790	1J4FX58S9WC [REDACTED]	1998 Unknown	3/1/2007	4/16/2007	Yes	No	2	0	Please See Attached Report
1037927	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	Pembroke Pines FL [REDACTED]	Unknown	1J4FX58S3TC [REDACTED]	1996 Unknown	7/12/1999	4/6/2000	Yes	No	1	1	Please See Attached Report
1135643	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	Isabella CA [REDACTED]	Unknown	1J4GZ78YXPC [REDACTED]	1993 Unknown	8/30/2002	5/26/2004	Yes	No	3	1	Please See Attached Report
1171692	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	Mesquite TX [REDACTED]	Unknown	1J4G248S2YC [REDACTED]	2000 Unknown	4/28/2006	8/10/2006	Yes	No	2	2	Please See Attached Report

1081757	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	CA [REDACTED] Ontario	Unknown	1J4GZ58Y5RC [REDACTED]	1994	Unknown	7/20/2001	8/26/2002	Yes	No	1	1	Please See Attached Report
1092191	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	Jacksonville FL [REDACTED]	[REDACTED] 1	1J4FX78S2SC [REDACTED]	1995	Unknown	10/6/2001	4/16/2002	Yes	No	2	0	Please See Attached Report
1187428	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	Clara CA [REDACTED] Santa	[REDACTED]	1J4GZ58Y7RC [REDACTED]	1994	Unknown	8/9/2006	12/18/2007	Yes	No	2	0	Please See Attached Report
1211499	Legal Claim	Chrysler Group has confirmed that there was a rear impact resulting in rupture of the fuel tank and fire.	[REDACTED]	TX [REDACTED] Justin	Unknown	1J4GX48S94C [REDACTED]	2004	Unknown	7/10/2009	3/29/2010	Yes	No	1	1	Please See Attached Report
1182333	Notice	Although there was a report of a rear impact collision and fire, Chrysler Group is unable to confirm a rupture of the fuel tank or origin of the fire at the fuel tank.	[REDACTED]	WI [REDACTED] Hartland,	[REDACTED]	1J4GW48S31C [REDACTED]	2001	Unknown	7/3/2007	7/16/2007	Yes	No	2	1	Please See Attached Report

ENCLOSURE 3 – SUMMARY OF VOQS

NHTSA has forwarded fourteen VOQs¹ to Chrysler Group. The VOQs can be grouped into the following categories.

VOQs Involving Incidents Known to Chrysler Group

Of the fourteen VOQs, four involve incidents that were the subject of a lawsuit or Customer Assistance Inquiry Report (“CAIR”):

- The [REDACTED] VOQ relates to the incident that is the subject of the [REDACTED] lawsuit.
- The [REDACTED] VOQ² relates to the incident that is the subject of the [REDACTED] lawsuit.
- The [REDACTED] VOQ relates to the incident that is the subject of CAIR #7888078, which was generated after a call was made to the [REDACTED].
- The [REDACTED] s VOQ relates to the incident that is the subject of CAIR #7575045, which was generated after a call was made to the Customer Assistance Center by Sherman Hughes.

With respect to the [REDACTED] VOQs, Chrysler Group notes that the VOQs were submitted by counsel for the plaintiffs in those cases.

VOQs Reporting Incidents That Appear to Involve the Alleged Defect as Defined by NHTSA

- The [REDACTED] VOQ reported that the 1999 Jeep Grand Cherokee (WJ) was rear-ended and a fire ensued.
- Chrysler Group has obtained a police accident report for the [REDACTED] VOQ. According to the police accident report, the 2004 Jeep Grand Cherokee (WJ) was being operated by [REDACTED] on U.S. 90, with a posted speed limit of 50 mph, in Ames, Texas. The Jeep Grand Cherokee (WJ) was stopped at a stop light when a 2003 Chrysler Sebring struck the rear of

¹ Chrysler Group is aware of one other VOQ related to the alleged defect as defined by NHTSA, which VOQ has not yet been forwarded to Chrysler Group by NHTSA. The VOQ with the ODI # 10357528, submitted to NHTSA on September 22, 2010, asserts that a 1996 Jeep Grand Cherokee (ZJ) was involved in a rear end collision resulting in the fuel tank catching on fire. This VOQ relates to the accident that is the subject of the Kline lawsuit.

² Gannon submitted two identical VOQs on October 29, 1999 and November 1, 1999.

the Jeep Grand Cherokee (WJ) after the driver [REDACTED], fell asleep at the wheel. A fire ensued. Based on the available information, Chrysler Group concludes that the relative velocity of the Chrysler Sebring at impact was approximately 50 mph or greater. The Chrysler Sebring likely struck the rear of the Jeep Grand Cherokee (WJ) at a right offset increasing the crash forces acting on the Jeep Grand Cherokee (WJ). The Chrysler Sebring also likely underrode the rear of the Jeep Grand Cherokee (WJ). See the attached police report.

VOQs Involving Incidents That Do Not Involve the Alleged Defect as Defined by NHTSA

Of the remaining eight VOQs, seven involved accident facts that do not fit the alleged defect description provided by NHTSA:

- The [REDACTED] VOQ involved a single-vehicle rollover. According to the investigation of the incident, the fire occurred when fuel lines were ruptured during the accident, spilling fuel onto the exhaust manifold. See the attached Engineering Analysis Associates (“EAA”) report and police report.
- The [REDACTED] VOQ reported a single-vehicle accident with no indication of a rear impact or fire origin.
- The [REDACTED] VOQ involved an oblique frontal impact. The investigation of the incident revealed that the impact resulted in a fire in the engine compartment. See the attached EAA report.
- The [REDACTED] VOQ states that the vehicle was involved in a collision and burst into flames upon impact. Chrysler Group investigated this incident and was told by the driver that the accident occurred when the 1995 Jeep Grand Cherokee (ZJ) was struck at the driver’s front fender and driver’s door by a vehicle that ran a stop sign. See the attached transcript of the recorded statement of Lori Glazer.
- The [REDACTED] VOQ involved a side impact by a vehicle that ran a red light, causing the Jeep Grand Cherokee (WJ) to roll over. There was a report of fuel leakage into the interior of the vehicle. The investigation of the incident revealed no fuel tank damage or leakage and further found the fuel lines were intact. See the attached police report and the EAA report.
- The [REDACTED] VOQ states that a rear impact caused the fuel tank to be crushed up against the exhaust system, which the driver stated “could have caused a vehicle explosion.” There was no report of fuel tank rupture, leakage, or fire.

- The [REDACTED] VOQ involved a side impact and fire resulting from fuel line rupture.

VOQ With Insufficient Information to Ascertain Whether It Involved the Alleged Defect as Defined by NHTSA

- The [REDACTED] VOQ contains an accident description that does not clearly state facts consistent with the alleged defect as defined by NHTSA. The [REDACTED] VOQ states “gas tank cracked in accident.” While the VOQ states that a crash and a fire occurred, it does not indicate whether a rear-impact collision was involved. Chrysler Group attempted to obtain more information about this incident, but none was available.

18,435,502.3\088888-02530



PE10-031-Chrysler-001103



PE10-031-Chrysler-001104

COPY

8383726

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS Please use a Black Ink Pen or #2 Pencil. Mark Areas as shown: Correct Mark Incorrect Marks

County: 67 MUN/TWP: 70

Accident Date: MONTH: 03 DAY: 07 YEAR: 07

Time of Accident (Military Time): HOUR: 09 MIN: 17

Total Number: UNITS: 02 INJURED: 02 KILLED: 01

Hit & Run Government Property Fire (Narrative) Photos Taken (Narrative) Trailer or Towed (Narrative) Truck or Bus (Last Page) Load Spillage Construction Zone Names Exchanged

Sheet No. Of: 1 2

ACCIDENT LOCATION: Public Highway, Intersection/Related Public Highway, Non-Intersection Parking Lot Private Property or Road

LATITUDE (GPS) Degrees Minutes Seconds LONGITUDE (GPS) Degrees Minutes Seconds

ON Hwy No. and Street Name: STH 16 W/B OFF RAMP FROM/AT Hwy No. and Street Name: TO CTH C/LAKELAND DRIVE

Table with columns: Unit Number, Unit Type, Total Number of Occupants, Direction of Travel (Before the Accident)

Operator Information: Name, Address, City & State, ZIP, Phone Number, Driver's License Number, State, Exp. Year

Accident Details: On Duty Accident, Sex, Operating, Class (Mark Only One), Endorse (Mark All That Apply)

Severity: SEAT Position, SAFETY Equipment, AIRBAG, EJECTED

TRAPPED/EXTRICATED: 1 Not Applicable, 2 Trapped/Extricated, 3 Trapped/Not Extricated, 4 Unknown, Medical Transport

Vehicle Owner: Last Name, First, M.I., Street Address, City & State, ZIP, Phone Number

Year of Vehicle, Make, Model, Body Style, Color: 2005 Ford Freestyle Lt. TK Red; 2001 Jeep Cherokee Lt. TK Gray

Vehicle ID Number, License Plate Number, State, Exp. Year

Policy Holder's Name, Liability Insurance Company, State #

Occupant Information: NAME, Sex, Severity, SEAT Position, SAFETY Equipment, AIRBAG

Address Same as Operator: EJECTED, TRAPPED/EXTRICATED, Medical Transport, Agency Space

Location: MV4000 899 EMS Number

Occupant Unit Number	NAME			M.I.	Date of Birth	Sex M - F	Severity K - N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	Last	First								
1 2 3 4 5 6 7 8 9 10										

Address Same as Operator	EJECTED 1. Not Applicable 2. Not Ejected	3. Fully Ejected 4. Partially Ejected 5. Unknown	TRAPPED/EXTRICATED 1. Not Applicable 2. Not Trapped	3. Trapped/Extricated 4. Trapped/Not Extricated 5. Unknown	Medical Transport	Agency Space
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Occupant Unit Number	NAME			M.I.	Date of Birth	Sex M - F	Severity K - N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	Last	First								
1 2 3 4 5 6 7 8 9 10										

Address Same as Operator	EJECTED 1. Not Applicable 2. Not Ejected	3. Fully Ejected 4. Partially Ejected 5. Unknown	TRAPPED/EXTRICATED 1. Not Applicable 2. Not Trapped	3. Trapped/Extricated 4. Trapped/Not Extricated 5. Unknown	Medical Transport	Agency Space
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Type of Accident

01 First Harmful Event 33

Most Harmful Event

Unit Number 1 2 3 4 5 6 7 8 9 10	Unit Number 1 2 3 4 5 6 7 8 9 10
----------------------------------------	----------------------------------------

(select one per vehicle)

Collision With Object Not Fixed

1. Motor Vehicle in Transport	11
2. Parked Motor Vehicle	12
3. Deer	13
4. Pedalcycle	14
5. Pedestrian	15
6. Railway Train	16
7. Other Animal	17
8. Motor Vehicle in Transport In Other Roadway	18
9. Other Object (Not Fixed)	19

Collision With Fixed Object

10. Traffic Sign Post	20
11. Traffic Signal	21
12. Utility Pole	22
13. Lum. Light Support	23
14. Other Post	24
15. Tree	25
16. Mailbox	26
17. Guardrail Face	27
18. Guardrail End	28
19. Median Barrier	29
20. Bridge Parapet End	30
21. Bridge/Pier/Abut	31
22. Impact Attenuator	32
23. Overhead Sign Post	33
24. Bridge Rail	34
25. Culvert	35
26. Ditch	36
27. Curb	37
28. Embankment	38
29. Fence	39
30. Other Fixed Object	40
31. Unknown	41

Non-Collision

32. Overturn	42
33. Fire/Explosion	43
34. Immersion	44
35. Jackknife	45
36. Other Non-Collision	46

Driver Condition

Unit Number 1 2 3 4 5 6 7 8 9 10	Unit Number 1 2 3 4 5 6 7 8 9 10
----------------------------------------	----------------------------------------

Driver Factors (Or Pedestrians)

1. Appeared Normal	11
2. Reduced Alertness	12
3. Ability Impaired	13
4. Not Observed	14

Presence

Neither Alcohol nor Drugs Present

5. Yes—Alcohol Present	15
6. Yes—Drugs Present	16
7. Yes—Alcohol & Drugs Present	17
8. Unknown	18

Alcohol

AC Value: [] []

9. Test Not Given	19
10. Test Refused	20
11. Test Given, Alcohol Unknown	21
12. Test Given, No Alcohol Reported	22

Drugs

13. Test Not Given	23
14. Test Refused	24
15. Test Given, Drugs Unknown	25
16. Test Given, No Drugs Reported	26
17. Drugs Reported (Specify Below)	27
18. Marijuana	28
19. Cocaine	29
20. Opiates	30
21. Amphetamines	31
22. PCP	32
23. Other Drug Medication	33
24. Type Unknown	34

Pedestrian

Unit # 1 2 3 4 5 6 7 8 9 10

Location	Action
1. In Crosswalk	1. Walking not Facing Traffic
2. In Roadway	2. Disregarded Signal
3. Not in Roadway	3. Darting into Road
4. On Sidewalk	4. Dark Clothing
	5. Walking Facing Traffic

Manner of Collision

1. No Collision with Motor Vehicle in Transport
2. Rear-end
3. Head On
4. Rear to Rear
5. Angle
6. Sideswipe, Same Direction
7. Sideswipe, Opposite Direction
8. Unknown

Extent of Damage

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

0. None	4. Severe
10. Undercarriage	5. Very Severe
1. Total Damage to All Areas	6. Unknown
2. Minor	7. Moderate
12. Other	
13. Unknown	

Vehicle Towed Due to Damage: [] [] [] [] [] [] [] [] [] []

Vehicle Removed By: J & J Towing

Extent of Damage

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

0. None	4. Severe
10. Undercarriage	5. Very Severe
1. Total Damage to All Areas	6. Unknown
2. Minor	7. Moderate
12. Other	
13. Unknown	

Vehicle Towed Due to Damage: [] [] [] [] [] [] [] [] [] []

Vehicle Removed By: J & J Towing

Fixed Object Struck				PROPERTY OWNER
Unit # 1	Unit # 2	Unit # 2	Unit #	
17	10	17		ADDRESS
Govt. Damage Tag # 33				City & State
				Waucesha, WI

VILLAGE OF OCONOMOWOC LAKE

Name: [Redacted]
DOB: [Redacted]
Add: [Redacted]
HARTLAND, WI

Date: _____
Time: _____

STATEMENT

I, [Redacted], have been informed of my rights under the Constitution of the United States of America by, _____, and I hereby make the following statement of my own free will and accord without there having made to me, either threats or promises, and knowing that anything I say may be used against me, I do say as follows:

at 9:05ish I ~~was~~ was driving west on Highway 16. I saw a red minivan driving erratically in front of me. ^{in the right lane} Initially I thought they were drunk. I went into the left passing lane looking over I saw an older couple. The man was in the driver side, the wife was in the passenger side. The man was having a seizure or stroke. His face was ~~white~~ in a grimace & his body was pulled & turned to his right side. The wife was leaning over the center ~~on~~ holding the steering wheel trying to drive & control the car. ^{she was screaming} The car was increasing in speed on Highway 16. The car exited Highway C (West Bound off ramp). The car was going faster off the ramp than I was. I was going 40mph. It then hit the ~~car~~ Silver car in front of it. The Silver car was stopped at the stop sign waiting to turn. Once the collision occurred, the red car caught on fire. There was a smaller car behind the car with the couple in it going off the ramp. I then pulled off the Highway 16 & called 911.

Witnessed: [Redacted]

Signed: [Redacted]

Draw Diagram of Accident & Indicate North with an arrow in the circle

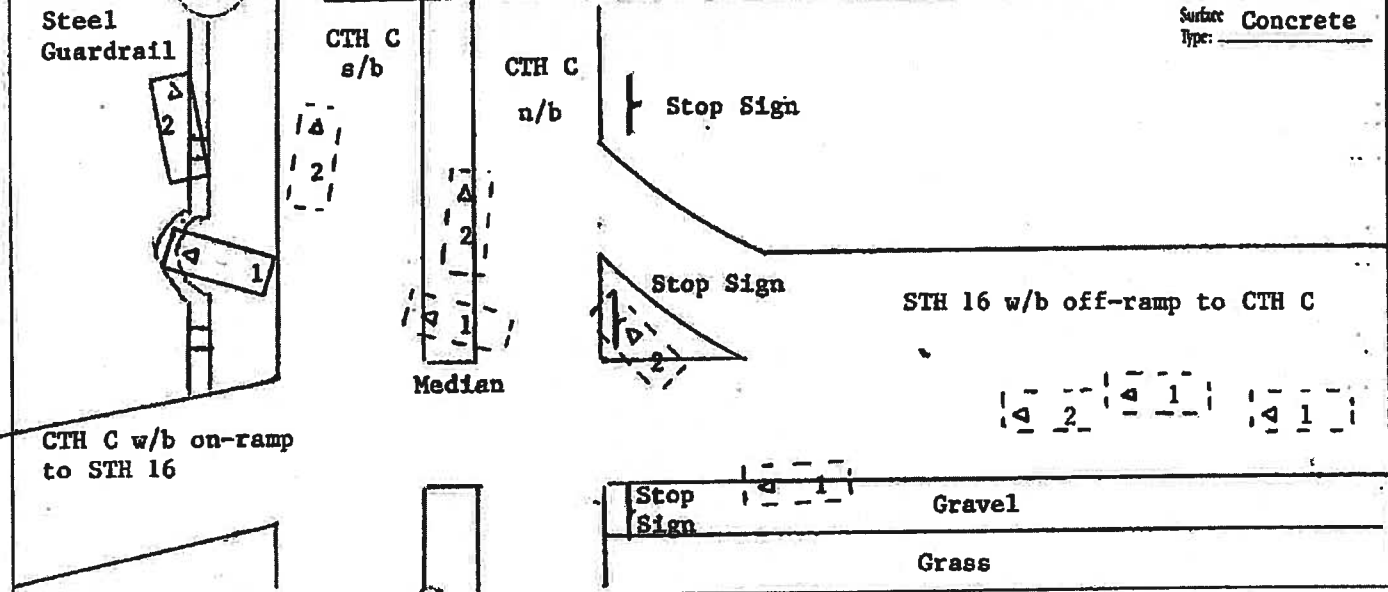


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 Unit 2
FFFT

Surface Type: **Concrete**



N Unit #2 slowing down for stop sign. Unit #1 approaching
A Unit #2 at a high rate of speed. Operator of Unit #1 was
R having a possible seizure, and was not in control of vehicle.
R Unit #1 was being steered by the front seat passenger. The
A passenger in Unit #1 could not get to brake pedal, and
T attempted to drive around Unit #2 on right. Unit #1 struck
I Unit #2 in rear. Both vehicles started on fire and crossed
V completely over CTH C where both came to rest after striking
E the guardrail on west side of CTH C.

Photos By: **D. Bloedow / D. Burke**

What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17
<input type="checkbox"/> 18	<input type="checkbox"/> 18

- Going Straight
- Making Left Turn
- Making Right Turn
- Skidding or Stopping
- Stopped in Traffic
- Legally Parked
- Violating No Passing Zone
- Illegally Parked
- Parking Maneuver
- Backing Maneuver
- Changing Lanes
- Overtaking on Left
- Overtaking on Right
- Making U Turn
- Turning on Red
- Merging
- Negotiating Curve
- Other

WITNESS NAME: [Redacted] First: [Redacted] MI: [Redacted]
 ADDRESS: [Redacted] Date of Birth: [Redacted]
 City & State: **Hartland WI** ZIP: [Redacted] Phone Number: [Redacted]

ACCESS CONTROL

No Control (Unlimited Access)
 Full Control (Only Ramp Entry/Exit)
 Partial Control

ROAD TERRAIN

Part A
 Straight
 Curve
 Part B
 Level/Flat
 Hill

LIGHT CONDITION

Daylight
 Dark-Not Lighted
 Dark-Lighted
 Dawn
 Dusk
 Unknown

TRAFFIC WAY

Not Physically Divided (2-Way Traffic)
 Divided Highway, Median Strip, without Traffic Barrier
 Divided Highway, Median Strip, with Traffic Barrier
 One-Way Traffic
 Parking Lot or Private Property

ROAD SURFACE CONDITION

Dry
 Wet
 Snow/Slush
 Ice
 Sand, Mud, Dirt, Oil
 Other
 Unknown

WEATHER

Clear
 Cloudy
 Rain
 Snow
 Fog, Smog, Smoke
 Sleet, Hail
 Freezing Rain or Drizzle
 Blowing Sand, Soil, Dirt, Snow
 Severe Crosswinds
 Other
 Unknown

RELATION TO ROADWAY

On Roadway
 Parking Lot or Private Property
 Shoulder (Other Than Shoulder within Median or Gore)
 Median (Other Than Median within Gore)
 Outside Shoulder-Left
 Outside Shoulder-Right
 Off Roadway-Location Unknown
 Gore (Area between Ramp & Highway)
 On Ramp
 Unknown

Traffic Control

Unit Number	Unit Number
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11

- No Control
- Traffic Signal Operating
- Traffic Signal Flashing
- Stop Sign
- Stop Sign with Flasher
- Warning
- Warn Sign with Flasher
- Yield Sign
- Traffic Control Person
- RR-sing Signal
- Other

8383726

Officer's Opinion of Possible Contributing Circumstances

Document Number Override
121

Driver Factors	
Unit Number	Unit Number
1 Exceeding Speed Limit	1
2 Speed Too Fast/Condition	2
3 Fail to Yield Right of Way	3
4 Inattentive Driving	4
5 Following Too Close	5
6 Improper Turn	6
7 Left of Center	7
8 Disregarded Traffic Control	8
9 Improper Overtaking	9
10 Unsafe Backing	10
11 Failure to Have Control	11
12 Driver Condition	12
13 Physically Disabled	13
14 Other	14

Vehicle Factors	
Unit Number	Unit Number
1 Brake System	1
2 Tires	2
3 Steering System	3
4 Turn Signals	4
5 Head Lamps	5
6 Stop Lamps	6
7 Tail Lamps	7
8 Disabled in Prior Accident	8
9 Other Disabled	9
10 Mirrors	10
11 Suspension System	11
12 Other	12

Highway Factors	
Unit Number	Unit Number
1 Snow, Ice or Wet	1
2 Narrow Shoulder	2
3 Low Shoulder	3
4 Soft Shoulder	4
5 Loose Gravel	5
6 Rough Pavement	6
7 Debris From Prior Accident	7
8 Other Debris	8
9 Sign Obscured or Missing	9
10 Narrow Bridge	10
11 Construction Zone	11
12 Visibility Obscured	12
13 Other	13

OFFICER INFORMATION

Last	First	M.I.
CARPENTER	D.	J.
Law Enforcement Agency Address		
P.O. Box 1488		
City & State		ZIP
Waukesha WI		53187-1488
Phone Number		
(262) 548-7156		
Agency #	Enforcement Agency	Officer ID #
9104	Waukesha S.O.	8177

Date Notified		
MONTH	DAY	YEAR
Jan	03	07
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time Notified (Military Time)	
HOURE	MIN
09	17

Time Arrived (Military Time)	
HOURE	MIN
09	17

Date of Report		
MONTH	DAY	YEAR
Jan	04	07
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: *Did the accident involve...*

Part A

A truck with at least two axles and six tires? Y N

A truck with a hazardous materials placard? Y N

A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person who required transport for immediate medical treatment? Y N

One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

Hazardous Material Class Numbers (1-2 digit):

Hazardous Material "UN" Numbers (4 digit):

Hazardous Material Placard Displayed? Y N

Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information	Carrier Identification Numbers	Source:
• Interstate Carrier? <input checked="" type="radio"/> Y <input type="radio"/> N	US DOT 140	<input type="radio"/> Vehicle Side
Carrier Name: <input type="text"/>	ICV #:	<input type="radio"/> Shipping Papers
Carrier Address: <input type="text"/>	Carrier Address: <input type="text"/>	<input type="radio"/> Trip Manifest
		<input type="radio"/> Driver
		<input type="radio"/> Log Book

Vehicle Information	Cross Vehicle Weight Rating	LBS	Final # of Axles
<p>Vehicle Configuration</p> <p>SEQUENCE OF EVENTS FOR THIS VEHICLE</p> <p>1 2 3 4 Run off Road</p> <p>1 2 3 4 Jackknife</p> <p>1 2 3 4 Overtake (Rollover)</p> <p>1 2 3 4 Downhill Runaway</p> <p>1 2 3 4 Cargo Loss or Shift</p> <p>1 2 3 4 Explosion or Fire</p> <p>1 2 3 4 Separation of Units</p> <p>1 2 3 4 Collision Involving Pedestrian</p> <p>1 2 3 4 Collision Involving Motor Vehicle in Transp</p> <p>1 2 3 4 Collision Involving Parked Motor Vehicle</p> <p>1 2 3 4 Collision Involving Train</p> <p>1 2 3 4 Collision Involving Pedalcycle</p> <p>1 2 3 4 Collision Involving Animal</p> <p>1 2 3 4 Collision Involving Fixed Object</p> <p>1 2 3 4 Collision Involving Other Object</p> <p>1 2 3 4 Other</p>			
<p>Cargo Body Type</p>			

Printed in U.S.A. GSD3 65432 Mark Reflector by NCS MMB7108-3

09/06/07
14:30

Waukesha County Sheriff's Department
LAW Incident Table:

654
Page: 1

Incident Number: W07-33067

Partition: "WSDOFF

Nature: VEHICLE FIRE Case Number:

Image:

Addr: STH 16 W/B OFF-RAMP TO CTH C

Area: NAL02 Nashotah Villa

City: NASHOTAH

ST: WI Zip: 53058

Contact:

+-- Complainant&

Lst:	Fst:	Mid:
DOB:	Adr:	
Rac:	Cty:	ST: Zip:

Offense Codes: TAF A TOW

Reported:

Observed:

Circumstances: LT13 LEUF6 ACCI

Rspndg Officers: CARPENTER DJW PATOKA TA SWAN SA &

Rspnsbl Officer: CARPENTER DJW

Agency: WSD

CAD Call ID: 070701475

Received By: GREGESICH JE

Last RadLog: 19:03:24 07/03/07 CMLT

How Received: T Telephone

Clearance: CRD Cleared by referral t

When Reported: 09:17:19 07/03/07

Disposition: RTY Disp Date: 07/04/07

Occurrd between: 09:17:19 07/03/07

Judicial Sts: NP No Pros

and: : : / /

Supervisor Approval:

MO:

Narrative: (See below)

Supplement: (See below)

(See below)

&

INVOLVEMENTS:

Type	Record #	Date	Description	Relationship
LW	D07-04178	07/04/07	ACC OTHER	ASSIST REPORT
NM	300180	07/04/07	[REDACTED]	WITNESS
NM	307971	07/04/07	MAYER, SUSAN S	OTHER PERSON/FAM MBR
NM	310358	07/04/07	MAYER, STACEY E	OPERATOR #2/FAM MBR
NM	351009	07/04/07	KIELLEY, RICHARD A	CHAPLAIN
NM	525875	07/04/07	[REDACTED]	WITNESS
NM	1052414	07/04/07	[REDACTED]	WITNESS
NM	1063074	07/04/07	[REDACTED]	WITNESS
NM	1070167	07/04/07	[REDACTED]	WITNESS
NM	1140808	07/04/07	MAYER, STEVEN F	OTHER PERSON/FAM MBR
NM	1158852	07/04/07	[REDACTED]	WITNESS
NM	1201440	07/04/07	[REDACTED]	DRIVER #1/FAM MBR
NM	1201441	07/04/07	[REDACTED]	PASSENGER #1/FAM MBR
NM	1201443	07/04/07	[REDACTED]	OTHER PERSON/FAM MBR
AC	8383726	07/05/07	Accident	*Related Incident
VH	18559	07/04/07	GRY 2001 JEEP CHEROKEE WI	UNIT #1
VH	98561	07/04/07	RED 2005 FORD FREESTYL WI	UNIT #2
MI	25317	07/04/07	ACCIDENT REPORT #8383726	MVD4000
CA	070701475	07/03/07	09:17 07/03/07 71E1-VEH FIRE	*Initiating Call
PR	44806	07/04/07	Film Fugifilm Fugicolor \$0	EVIDENCE

Narrative:

DEPUTY DAVID J. CARPENTER, #8177; DISTRICT #9104; VILLAGE OF NASHOTAH

Officers of the Sheriff's Department, along with officers of other multiple jurisdictions, investigated a fatal traffic accident at the location noted on the Face Sheet. The driver of Unit #2, [REDACTED], was killed in the crash. The occupants of Unit #1, [REDACTED] were subsequently transported to Froedtert Hospital and admitted for their injuries. Signed medical release forms were obtained from both [REDACTED]. The vehicles involved in the crash were towed to the Waukesha Sheriff's Department's storage facility on Woodburn Road. The Department Of Transportation was notified of the name [REDACTED] of the operator killed in the accident. This officer requests that the 24-hour investigation of [REDACTED] be conducted by the Detective Bureau, as well as a re-contact with witness [REDACTED] who, when turning in his statement, provided no information on that statement, other than personal information.

<<-->>

On this date, at approximately 10:25 a.m., this officer, along with Deputies T. Dick and Deputy R. Dorn, were dispatched from the Dousman Police Department to CTH C and Highway 16, in the Village of Nashotah, regarding a fatal traffic accident. Captain J. Smidt, who was in command of the scene, advised that he would give each officer an assignment upon their arrival.

Upon our arrival, at approximately 10:40 a.m., Deputy T. Dick and Deputy R. Dorn were given traffic assignments to relieve officers of other jurisdictions who had arrived on the scene prior to us. This officer assumed the assignment of the crash investigation.

This officer's investigation at the scene determined that the Jeep Cherokee being operated by [REDACTED] was approximately 160 feet east of the stop sign at the top of the off-ramp from STH 16 westbound to CTH C. At that time the Cherokee was struck from behind by the Ford Freestyle being operated by [REDACTED]

At the time of impact it is believed that the Cherokee was slowing down for the stop sign, and the Freestyle was operating at a speed of at least 65 miles per hour.

The impact appears to have been off center with the driver's left front of the Freestyle striking the passenger rear of the Cherokee. The impact was of such a severe nature that it pushed the right rear portion of the Cherokee approximately three to four feet forward, causing the gasoline tank on the Cherokee to rupture. The rupturing of the gasoline tank caused fuel to escape, and subsequently ignited both vehicles on fire.

The Freestyle after impact veered to the left and on to a gravel shoulder area adjacent to the off-ramp. The Freestyle continued into the intersection, crossing the northbound lanes of CTH C, a median area approximately eight to ten feet in width, and the southbound lanes of CTH C.

The Freestyle impacted with a guardrail that was on the west side of CTH C with such force that it bent the steel guardrail approximately three to four feet before coming to rest. The Freestyle traveled approximately 300 feet from point of impact to point of rest.

The Cherokee, after impact, started to slide broadside with the driver's side of the vehicle leading. The Cherokee crossed over a small traffic island dividing the left turn area from the right turn area of the CTH C off-ramp. The Cherokee struck a stop sign, and continued across the northbound lanes of CTH C, now sliding broadside with the driver's side leading.

The Cherokee struck the curb of the median area, which caused it to start to roll. As the Cherokee rolled, it became completely engulfed in flames, and as it completed crossing the southbound lanes of CTH C, it was about to come up on to its wheels again. The Cherokee then struck the same guardrail that the Freestyle struck, and actually went over the top of the guardrail with the right rear wheel caught on the guardrail. The final resting point of the Cherokee was approximately five feet north of the Freestyle. The Cherokee was facing north upon final rest, and the Freestyle was facing basically west.

The [REDACTED] were able to escape the Freestyle before any fire entered the passenger compartment. [REDACTED] was assisted out of the vehicle by [REDACTED]. [REDACTED] was able to exit the vehicle under her own power.

Upon final rest, the Cherokee was completely engulfed in flames, and [REDACTED] was not able to escape the vehicle, and died in the vehicle fire. Attempts to approach the Cherokee by Officer Swan to extricate [REDACTED] were unsuccessful, due to the size and temperature of the fire. [REDACTED] was pronounced deceased at the scene at 10:18 a.m., by Deputy Medical Examiner (DME) McNeill.

Officer Patoka, of the Town of Oconomowoc Police Department, had obtained written statements from multiple witnesses to the crash. The statements were consistent in their content. All statements indicated that the Freestyle was either driving too fast or in an erratic manner. The statements indicate that the Freestyle entered the off-ramp to CTH C from westbound STH 16 where it impacted with the rear of the Cherokee, causing the vehicles to start on fire. All written statements will be attached to this report for review.

[REDACTED] statement indicates that initially she thought the driver of the Freestyle was intoxicated. [REDACTED] indicated that she pulled up on the left side of the Freestyle and observed an older couple in the vehicle with a male driving and a female in the front passenger seat. It is [REDACTED] belief that the male operator was either having a seizure or a stroke. [REDACTED] indicated that the male's face was in a grimace, and his body turned to the right. [REDACTED] indicated that the female was leaning over and attempting to steer the vehicle, and that the Freestyle was continuing to increase speed. The Freestyle exited on to CTH C westbound, and [REDACTED] at the time indicated that she was going 60 miles per hour, and the Freestyle was going faster than her. [REDACTED] saw the impact and the fire.

Bittick indicated in his statement that he was driving south on CTH C when he saw the Jeep at a speed that he knew was too high for the Jeep to stop. The Jeep skidded through the intersection on fire, and [REDACTED] admits he did not see the Freestyle until he got up to the Jeep. It is the belief of this officer that [REDACTED] first saw the Jeep after it had been hit by the Freestyle.

[REDACTED] was northbound on CTH C approaching the westbound off-ramp when she saw a Ford SUV pushing another vehicle through the intersection. [REDACTED] indicated that the lead vehicle was already on fire, and she saw both vehicles crash into

the guardrail.

█████ indicated that the Freestyle passed him on Highway 16 at what he called erratic speeds, and it appeared as though the passenger was attempting to assist the driver. █████ saw the Freestyle exit STH 16 westbound at CTH C, and the Freestyle was increasing speed. █████ saw the impact, and then the fire.

Deputies D. Billington, T. Jordan, and A. Sill reported to the scene for purposes of reconstruction and their findings will be attached to this report through their supplements.

Officers Burke and Bloedow, of the City of Delafield Police Department, photographed the accident scene.

The appropriate death notification was Teletyped to the Department Of Motor Vehicles through WCC on 07-04-07, at approximately 9:40 a.m.

Additionally, the Motor Vehicle Fatal Supplement Report was completed by this officer, and will be mailed to the Department Of Transportation.

For any additional information regarding the Accident Report, consult Accident Report #8383726.

At approximately 11:30 a.m., this officer, along with Officer Swan and DME McNeill cleared the crash scene and met Chaplain Kielley at the Chenequa Police Department. At this time the identity of the driver of the Cherokee was not confirmed, and the decision was made to make contact at the █████ residence in an attempt to find out who may have been operating the Cherokee; and, therefore, with greater certainty be able to determine the operator of the Cherokee.

Officer Swan, DME McNeill, Chaplain Kielley, and myself arrived at the █████ residence and had contact with █████ mother.

█████ indicated that █████ left the residence at approximately 8:00 a.m., this date, to go work out at the Lake Country Fitness Center in Hartland. From there, █████ was going to go to a friend's house in Nashotah to pick up the friend and go to breakfast, as it was █████ friend's birthday. █████ indicated that her other two children were at home, and that her husband, █████ was at work, having taken a different vehicle.

Having this information at hand, and now believing to a high degree of certainty that █████ was the deceased party in the Cherokee, this officer advised █████ that there had been an accident, and that █████ had not survived the crash. The time was approximately 12:05 p.m.

While this officer attempted to answer questions from █████, Officer Swan made telephone contact with █████ father, at his place of employment, asking him to come home. Officer Swan offered to have a Chenequa Police Department pick up Steven at work, but █████ declined, and did drive back to the residence.

Although █████ was already aware of the death of his daughter, this officer officially notified him of █████ death regarding the crash after he arrived at the residence.

After obtaining information from [REDACTED] and providing them with as much information as I had at that time, this officer cleared the residence with DME McNeill and returned to the accident scene.

At the scene this officer confirmed that the [REDACTED] had been transported to Froedtert Hospital in Milwaukee, and this officer then reported to that location.

Prior to my leaving, it was determined that Deputy R. Dorn would follow both of the vehicles involved in the crash back to the Sheriff's Department's storage facility on Woodburn Road, in the City of Waukesha, for purposes of maintaining custody of evidence. It was also determined that [REDACTED] would be extricated from the Cherokee upon arrival at the storage facility. DME McNeill was going to be assisted by the City of Waukesha Fire Department. Deputy R. Dorn completed property inventory forms on both vehicles, and those forms will be attached to this report for review.

It was confirmed that [REDACTED] had been wearing her seat belt and shoulder harness during the extrication. As [REDACTED] was being extricated, the metal clip that attaches to the nylon safety belts and locks into the locking mechanism adjacent to the seat was in the locked position. It was determined that the nylon belts burned away in the vehicle fire, but the metal locking clip remained in the locked position.

Upon this officer's arrival at Froedtert Hospital, I first had contact with [REDACTED]. While at the hospital, this officer did obtain a written statement from [REDACTED].

In that statement, [REDACTED] indicated that [REDACTED] was driving, and she was the passenger, and they were talking, when suddenly [REDACTED] started to shake and she believed he was having some kind of seizure. [REDACTED] slumped over the wheel, and Joan indicated that she then grabbed the steering wheel in order to control the Freestyle.

[REDACTED] steered the Freestyle on to the CTH C off-ramp from westbound Highway 16. [REDACTED] indicated that as they were going up the ramp, the Cherokee continued to gain speed, and she could not get to the brake pedal.

[REDACTED] saw the Cherokee near the top of the ramp and tried to steer around it, but could not. [REDACTED] indicated that they hit the rear of the Freestyle, and all she remembers after that were flames and the fact that she needed to get out of the Freestyle.

[REDACTED] was asked if Norman has or had a previous problem with seizures. [REDACTED] indicated that [REDACTED] had a heart valve replaced approximately ten or eleven years ago, and he did have some problems for a very short period of time after that. [REDACTED] would apparently become light-headed, but [REDACTED] indicated that it has been more than ten years since [REDACTED] has suffered anything of that nature.

The statement was reviewed by [REDACTED] and I after its completion, and [REDACTED] indicated that the contents of the statement were accurate. The statement was signed by [REDACTED] daughter. This was done because [REDACTED] had a fractured right collarbone, and could not lift her right arm to sign the statement.

It was determined at Froedtert that [REDACTED] had a fractured right collarbone, a

fractured left forearm, and a potential fracture of a finger on her right hand. Additionally, this officer observed bruising on [REDACTED] right arm.

[REDACTED] agreed to a Release Of Medical Information form allowing the Sheriff's Department to have access to her medical records from today's incident. That form was reviewed by [REDACTED] and myself, and was also signed by [REDACTED] daughter, [REDACTED] was present for the review of the form.

This officer then had contact with [REDACTED] and he has no recollection of the crash. [REDACTED] did ask about the condition of the occupants of the Cherokee. This officer did advise him that there was only one occupant, the driver, and that the driver had passed away. This officer provided no personal information regarding [REDACTED] identity to [REDACTED].

At Froedtert it was determined that [REDACTED] injuries consisted of a fractured L-4 vertebrae, pooling of blood in the right side of [REDACTED] brain, and he also had numerous bruises about his arms and face.

[REDACTED] also consented to a Release Of Medical Information. That form was reviewed by [REDACTED] and myself prior to his signing the form. Copies of both [REDACTED] and [REDACTED] release forms will be attached to this report for review.

This officer, through the course of my investigation, learned that [REDACTED] death was caused by smoke inhalation, in addition to thermal injuries.

Due to the fact that the cause of [REDACTED] seizure is unknown at this time, this officer will be completing a Report Of Driver Condition Or Behavior, and forwarding that to the Medical Review Board of the Department Of Transportation. It will be the Department Of Transportation's determination as to whether [REDACTED] should be re-tested or required to go through a medical examination for purposes of maintaining his driver's license.

Investigation also determined that the driver's license of [REDACTED] had expired 12-23-06. This officer had a conversation with [REDACTED] on 07-04-07 in regards to this matter.

Steven indicated that [REDACTED] had been out of the country for several months on a religious retreat or study and had arrived back home approximately ten days to two weeks ago. The first week after [REDACTED] return, the family was on vacation in northern Wisconsin, so Stacey had truly been back home for only a few days.

[REDACTED] indicated that he was aware, as was [REDACTED] of the expired status on her license, and [REDACTED] had every intention of getting it renewed in a timely fashion after her return; but, due to the crash, that did not occur.

jeg

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
1 HABERMANN SL	04:19:00 07/04/07	
DEPUTY DANIEL R. BILLINGTON II, #7511	/ 9464	CRASH RECONSTRUCTION

On 07-04-07, I was given three rolls of film by Deputy B. Stenulson. According to Deputy Stenulson, these rolls of film had been turned over to him by the Village of Hartland Police Department (Officer Hagen).

The rolls of film were evidentiary photos taken of the crash scene.

The film should be developed as soon as possible and digital copies should be turned over to Deputy Sill, Deputy Billington, Village of Hartland Police Department, and the Village of Chenequa Police Department.

As this investigation continues, Deputy Sill and I will supplement further details regarding our involvement.

(slh)

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
2 GREGESICH JE	06:57:40 07/05/07	
DEPUTY ROBERT G. DORN, #7217; DISTRICT #9102; VILLAGE OF NASHOTAH		

On Tuesday, 07-03-07, I was dispatched to the area of CTH C north of Highway 16 for a crash.

Upon my arrival to the scene I was directed by Captain J. Smidt to take a traffic control position on CTH C at CTH R. I maintained this position and then was re-directed by Lieutenant L. Strandberg to accompany J & J Towing to the Waukesha County Fleet Shop and property inventory both vehicles involved in this crash.

Lieutenant L. Strandberg indicated that the victim in the Jeep Cherokee who was deceased was still in the vehicle, and would be extricated at Fleet by the Waukesha Fire Department. Lieutenant L. Strandberg directed me to accompany J & J Towing, and subsequently property inventoried those vehicles.

We left the scene at approximately 1330 hours, and I followed both vehicles as they arrived at Fleet Maintenance.

The Ford vehicle bearing Wisconsin plate [REDACTED] was subsequently put inside the secured building south of Fleet Maintenance. That vehicle had a green tag put on the windshield wiper by myself in the accompany of Detective J. Kindt.

The vehicle bearing Wisconsin license [REDACTED] which had the deceased victim still inside, was taken inside Fleet Maintenance (wash bay) where the City of Waukesha Fire Department did extricate the deceased from the vehicle.

After the deceased was removed from the vehicle, the body was immediately turned over to the Medical Examiner's Office who also was present during the escort from the crash scene to Fleet Maintenance. A green tag with the Incident Report number and a property inventory sheet for this vehicle was filled out by myself. This vehicle was also put in the secured building by Fleet Maintenance.

All items that were inside the vehicle prior to the removal from the crash scene remained in the vehicle. Therefore, the contents of the vehicles were not individually listed on the Property Inventory Sheet. However, inside the Ford vehicle there was a white-colored purse which was left on the passenger seat area.

Deputy D. Carpenter arrived at Fleet just after the vehicles were placed in the secured locker, which was completed at approximately 1530 hours. Deputy D. Carpenter was given both Property Inventory Sheets to attach to his report and give to the detective in the I.D. Bureau.

No additional information.

jeg

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
3 STRUDELL RJ	03:50:37 07/08/07	
DEPUTY DANIEL R BILLINGTON, 7511 DIST 9464 (CRASH RECONSTRUCTION)		

* * * *

On 07/03/07, I was contacted at home and dispatched to respond to the westbound off-ramp from HY 16 at HY C, in the town of Merton. Upon my arrival, I met with Capt. Smidt and Capt. Reid of the Chenequa PD. They briefed me on the circumstances of the crash.

It was determined that Deputy Sill would be the primary investigating reconstructionist on this crash and that I would be in command of the scene. Subsequently, during my involvement, I coordinated resources with MIU.

While at the scene, I completed a field sketch for Deputy Sill and also removed the air bag module from the Ford Freestyle.

On 07/05/07, I returned to the scene with Deputy Bogie and obtained scale measurements of the intersection and turned them over to Deputy Sill for his diagram. After leaving the scene, I met with Det. Voss at our storage facility where I utilized the LTI system to map the damaged profiles of both vehicles. These measurements were also turned over to Deputy Sill.

On 07/07/07, I received a copy of the Chenequa PD reports, as well as a CD with their digital photos of the crash scene. These were turned over to Deputy Sill on 07/08/07.

Further follow-up is being conducted by Deputy Sill and I will assist him as needed.

DRB * rjs

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
4 STRUDELL RJ	08:13:36 07/09/07	
DEPUTY D J CARPENTER, 8177 DIST 9104 (V/NASHOTAH)		

* * * *

CORRECTIONS TO ORIGINAL REPORT:

On Page #9, Paragraph #4, the second sentence of this report should indicate "FREESTYLE" - rather than "CHEROKEE".

On Page #9, Paragraph #5, the second sentence of this report should indicate "CHEROKEE" - rather than "FREESTYLE".

DJC * rjs

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
5 MARTENS GL	06:42:31 07/13/07	
DET. CHRISTINE H. FABRY, #8285, #9416		

* * *

On Friday, 07-06-07 I met with [REDACTED] the nephew of the driver of Vehicle #1, this being [REDACTED]. [REDACTED] informed me that his uncle was currently in very critical condition at Froedtert Memorial Hospital. As of this date they are still unsure of why he had a medical episode while driving down Hwy 16. It appears he suffered some type of seizure or episode, resulting in bleeding on the brain, whereby currently several specialists are doing tests and MRI's to attempt to find the cause of this event. [REDACTED] informed me that [REDACTED] also has a pacemaker, but has never suffered from any type of seizure. Lance also informed me that [REDACTED] wife, is also in very serious condition, however from neck up is fine. She did suffer a broken back, and several other minor breaks, and currently is on a high dose of morphine for the pain. She does not talk about the accident that much, but basically states the same thing, that Norman became unconscientious and slumped over the wheel, appearing to have some type of seizure, causing him to become unconscientious. His foot locked onto the accelerator, at which time she attempted to lie over and steer the vehicle. She stated she saw traffic on Hwy 16; saw the exit; and decided to veer to the exit; at which time upon seeing she was unable to get to the brake area; they did strike the vehicle. [REDACTED] is extremely distraught over this entire incident and does not understand the severity of what had happened. Joan also was spoken to by both the victim's Chaplain and her own Chaplain and is currently in grief counseling for this event. Lance stated it is unsure at the time the prognosis for Norman, if he will ever regain conscientiousness.

With this information, and the information from the witness statements I will be forwarding this report to the DA's office for possible review for criminal charges; however all statements conclude that [REDACTED] was suffering from some type of medical condition, at which time [REDACTED] attempted to take control of the vehicle, but was unable to do so.

This Detective will be awaiting the review by the DA's office for possible further follow-up. (gm)

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
6 ONEILL SM	04:37:07 07/27/07	
DEPUTY ALLEN SILL #8066 / ACCIDENT RECONSTRUCTION		

On 7-3-2007 at 10:00 hours I was contacted at my residence and requested to respond to the scene of a fatal traffic accident on STH 16 at CTH C. I then proceeded to the Waukesha County Sheriff's Department (WSD), where I was met by Deputy Theo Jordan. After obtaining Squad 420, we proceeded to the scene.

Upon our arrival I found that the accident was actually on the ramp from westbound STH 16 to CTH C. The ramp surface is asphalt and initially consists of one lane. It does, however, expand into two lanes just prior to the intersection. The left lane is used for vehicles turning left or going straight, while the right lane is for right turns only. The lanes are separated by a triangular shaped raised median.

I then began to survey the scene and found a large area of fluid and burn evidence near the end of the ramp just east of the median. In addition, there were several areas of burned grass, including along the south edge of the ramp and in the median of CTH C north of the intersection.

Also visible was a red Ford Freestyle, which had come to rest after striking the guardrail along the west edge of CTH C directly across from the intersection. Just to the north of the Freestyle was a Jeep Grand Cherokee, which had come to rest on top of the same guardrail, facing north. The Freestyle had severe damage to the front end, while the Jeep had extensive collision damage to the cargo area, as well as extensive fire damage throughout.

I then spoke with Captain Jeff Smidt and Deputy Daniel Billington. They advised that the preliminary investigation indicated that both vehicles had exited westbound STH 16 and were proceeding up the ramp toward the intersection at CTH C. The Jeep was leading, while the Freestyle was behind. It had been reported by witnesses that the driver of the Freestyle might have been incapacitated by an unknown medical problem. The Freestyle's passenger may have been attempting to control the vehicle as it proceeded up the ramp. Eventually, it caught up to the Jeep, striking it in the rear. Both vehicles then continued up the ramp, eventually striking the guardrail and coming to rest. The force of the collision may have caused the fuel tank of the Jeep to rupture, causing the fire.

At this point it was decided that Deputy Billington would assume overall command of the scene, while I headed the on-scene investigation. I then requested that Deputy Jordan assist me in locating and identifying any evidence present.

At this time Deputy Jordan and I began to locate, identify, and mark the various tire marks found on the road surface. These marks consisted of post-impact scuffs, yaws, and skids. No pre-impact marks were found. We also located the area of impact, which was identified by paint transfer on the road surface, gouges, and tire scuffs. This area was at the point where the single traffic lane expands to two lanes 137 feet east of the stop bar at the intersection with CTH C. We also marked the larger areas of burn evidence, as well as a fluid trail. Lastly, we marked a large area of scratches in the southbound lane of CTH C adjacent to the guardrail, as well as an area of broken glass also in the southbound lane.

Also during this time I located what I believed to be one of the tail light housings from the Jeep. The housing was found adjacent to the median on the ramp just east of the stop bar at the intersection. While the red plastic cover was missing, the black base, along with all three light bulbs, was still intact. I immediately took custody of the housing and placed it in Squad 420.

I then asked Deputy Billington to retrieve the Restraint Control Module (R.C.M.) from the Freestyle. I made this request due to the condition of the interior of the vehicle. There was extensive water damage caused by the fire-fighting efforts. In addition, rain appeared imminent, which would further soak the interior of the vehicle, exposing the R.C.M. to additional water. I felt that circumstances were such that the R.C.M. should be removed to avoid any further exposure to moisture. Deputy Billington then removed the R.C.M. and it was then placed in Squad 420.

During this time Deputy Jordan and I measured the scene, using LTI's QuickMap System. Due to severe inclement weather, measurements were limited to evidence and the vehicles involved. Those measurements were then stored for later use in completing a scale diagram.

Deputy Jordan and I then cleared the scene, while Deputy Billington remained to oversee the removal of the vehicles.

At this time Deputy Jordan and I returned to WSD. Once there, I properly inventoried both the tail light housing and the R.C.M. They were then secured in the Reconstruction Office, with the approval of Det. Terry Tesch.

On 7-6-2007 I was advised by Deputy Billington that he was able to return to the scene to collect the remaining measurements. Those measurements consisted only of hardscape, e.g. road edges, signs, and lane markings. No additional measurements involving evidence were needed. Those measurements were then merged with the ones obtained on 7-3-2007.

Also on 7-6-2007 I was able to examine the tail light housing. I had obtained photographs of an undamaged housing for an identical 2001 Jeep Grand Cherokee. Using those photographs, I was able to verify that this housing did come from the Jeep involved in the crash and that it was the left side tail light. In addition, I was able to identify what each bulb was for. I then inspected the bulbs and found that the tail light and backup light bulbs did not have any deformation. The brake light bulb, however, had signs of "hot shock." This indicated that only the brake light was on at the time of impact. I then photographed each of these bulbs and returned the housing to the Property Inventory Room.

On 7-7-2007 I returned to the scene and reexamined the post-impact tire marks. It should be noted that several of these marks overlapped or traveled through the fluid trail. This made identification more difficult. I was able to verify that the single mark at the point of impact was indeed a scuff, but was unable to determine which vehicle made it. I then verified that the post-impact marks left by the Freestyle were initially yaws, but developed into skids as the vehicle rotated clockwise after impact. I then reexamined the marks left by the Jeep and found that at least two of them were skids from their initial point of origin throughout their entire path. It is believed that these marks were made by the rear tires, which would have been locked from the damage incurred on impact. The remaining two marks appeared to initially be yaws, but they, too, developed into skids as the Jeep rotated clockwise. This indicates that the Jeep, while braking prior to impact (as indicated by

the "hot shock" of the brake light bulb), was not braking after impact. Several of these marks were then photographed and the memory card was later left in the I.D. Bureau for processing.

On 7-8-2007 Deputy Billington and I inspected the R.C.M. from the Freestyle to determine if a download may be possible. We found that the plastic sockets for the electrical connectors had minor deformation from the heat of the fire. We also noticed that several of the pins had been bent.

Deputy Billington and I then determined that this year and make of vehicle is not currently available for download by the Vertronix Crash Data Retrieval System that we currently utilize. Because of this, I contacted Det. Chris Fabry and asked her to take the necessary steps to complete the download. I suggested that the download could possibly be completed by either Ford Motor Company or the R.C.M.'s manufacturer, Siemens. The R.C.M. was then returned to the Property Inventory Room.

On 7-21-2007 I completed the scale diagram of the scene. The diagram represents the scene as it appeared after the crash. It clearly shows the paths of both vehicles and confirms the point of impact 137 feet east of the stop bar. The location of the point of impact in relation to the road edges indicates that the Jeep may have just begun to enter into the right turn only lane when it was struck. After impact, both vehicles veered to the left as they continued westbound up the ramp.

As of 7-27-2007, this investigation is still ongoing. Because the crash involved multiple severe impacts and the possibility that the Freestyle was under power after the initial impact, little information can be learned from most often used methods, e.g. mathematical formulas. While the lamp analysis and scale diagram provide some answers, others, e.g. vehicle speed, driver condition and input, and change in velocity, will have to be determined by other means. As the investigation yields further answers, I will supplement this report with that information.

(so)



WAUKESHA COUNTY UNIFORM PROPERTY INVENTORY

WAUKESHA CO. SHERIFF WAUKESHA, WI 53188

403 RELATED P.I. NUMBERS 07-33067
404 CR# / AROF 07-33067
405 CIT./ORD. NO.
406 ID USE ONLY
409 TIME 1335 AM
410 OFFICER Dorn

407 DATE 7/3/07
408 DAY TUE
411 RECOVERED AT CTH # 57H 116

412 RECOVERED BY NAME Dorn DOB
RECEIVED FROM ADDRESS TELEPHONE
413 OWNER CLAIMANT NAME ADDRESS DOB TELEPHONE
414 DESCRIPTION OF CIRCUMSTANCES Fresh 1-23 at CTH 116

415 OFFICER'S RECOMMENDED ACTION OR DISPOSITION Hold for investigation
416 PROPERTY CODE (CHECK ONE OR MORE BOXES) PRISONER'S PROPERTY CONFISCATED FOUND CONTRABAND STOLEN EVIDENCE ABANDONED HFP

Table with columns: ITEM NO., ARTICLE, QUANTITY, UNIT, DESCRIPTION, VALUE. Row 1: 1 Vehicle, 2001 Jeep Cherokee 4 DR VIN: 1J4G14831C, Lic # [REDACTED]

424 RECEIVED BY SUPERVISOR DATE TIME AM PM
427 RECEIVED BY ID OFFICER DATE TIME AM PM

430 RECEIVED ALL PROPERTY DESCRIBED IN THIS INVENTORY FROM WAUKESHA CO. SHERIFF WAUKESHA, WI 53188 CHECK BOX
431 OWNER CLAIMANT NAME ADDRESS STATE ZIP CODE
432 TX (HOME) AREA CODE TX (WORK/BUSINESS) AREA CODE
434 DATE RELEASED 435 TIME RELEASED 437 OFFICER



WAUKESHA COUNTY UNIFORM PROPERTY INVENTORY

PAGE 0 OF 0 PAGES

P.I. NO.

WAUKESHA CO. SHERIFF
WAUKESHA, WI 53188

RELATED P.I. NUMBERS
07-33067

404 CR# / AROF 07-33067

405 CIT./ORD. NO.

406 ID USE ONLY

407 DATE 7/3/07
408 DAY Thu

409 TIME 1335 AM PM

410 OFFICER Dorn

411 RECOVERED AT 7TH ST # 5TH 16

412 RECOVERED BY NAME Dorn

DOB

TELEPHONE

RECEIVED FROM ADDRESS

DOB

413 OWNER NAME [REDACTED]

TELEPHONE

CLAIMANT ADDRESS [REDACTED]

414 DESCRIPTION OF CIRCUMSTANCES
Crash scene, J-3

415 OFFICER'S RECOMMENDED ACTION OR DISPOSITION hold

416 PROPERTY CODE (CHECK ONE OR MORE BOXES)
PRISONER'S PROPERTY
CONFISCATED

FOUND
CONTRABAND

STOLEN EVIDENCE

ABANDONED HFP

PROPERTY CODE	DESCRIPTION	DATE	TIME	AM	PM
11	Vehicle				
	Lic [REDACTED]				
	VIN-1FMADK021356 [REDACTED]				
	Ford				
	And all contents to include phone				

424 RECEIVED BY SUPERVISOR DATE TIME AM PM

427 RECEIVED BY ID OFFICER DATE TIME AM PM

430 RECEIVED ALL PROPERTY DESCRIBED IN THIS INVENTORY FROM WAUKESHA CO. SHERIFF WAUKESHA, WI 53188 CHECK BOX

431 OWNER CLAIMANT NAME ADDRESS STATE ZIP CODE

432 TX (HOME) AREA CODE () 433 TX (WORK/BUSINESS) AREA CODE ()

434 DATE RELEASED 435 TIME RELEASED 437 OFFICER

VILLAGE OF OCONOMOWOC LAKE

07-33067

Name: [REDACTED]

Date: _____

DOB: 12.16.69

Time: _____

Add: [REDACTED]

HARTLAND, WIS [REDACTED]

STATEMENT

I, [REDACTED], have been informed of my rights under the Constitution of the United States of America by, _____, and I hereby make the following statement of my own free will and accord without there having made to me, either threats or promises, and knowing that anything I say may be used against me, I do say as follows:

at 9:05ish I ~~was~~ was driving west on Highway 16. I saw a red minivan driving erradically in front of me. ^{in the right of way} Initially I thought they were drunk. I went into the left passing lane looking over I saw an older couple. The man was in the driver side, the wife was in the passenger side. The man was having a seizure or stroke. his face was ~~contort~~ in a grimace & his body was pulled & turned to his right side. The wife was leaning over the center ~~con~~ holding the steering wheel trying to drive & control the car. ^{she was screaming} The car was increasing in speed on Highway 16. The car exited Highway C (West Bound off ramp). The car was going faster of the ramp than I was. I was going 60mph. It then hit the ~~car~~ silver car in front of it. The silver car was stopped at the stop sign waiting to turn. Once the collision occurred, the red car caught on fire. There was a smaller car behind the car with the couple in it going off the ramp. I then pulled off the Highway 16 & called 911.

Witnessed [REDACTED]

Signed [REDACTED]

07-33067



Waukesha County Sheriff's Office TRAFFIC ACCIDENT STATEMENT

Use Diagram
for
Seat Position

△
123
456

- DRIVER
- PASSENGER
- WITNESS
- PEDESTRIAN

OCCUPANTS OF VEHICLE

last first m.i.

Name: [REDACTED]
 Address: [REDACTED]
 PEWAUKEE, W.I. [REDACTED]
 Date of Birth: [REDACTED]
 Vehicle: Ford 2005
 Name of Owner: [REDACTED]
 Address: SAME
 Phone: [REDACTED]
 Insurance Co. AAA
 Policy Holder's Name: [REDACTED]
 Were you wearing a seatbelt? Yes No
 Airbag installed? Yes No

Name: _____
 Address: _____
 Date of Birth: _____ Sex: _____ Seat Position: _____
 Name: _____
 Address: _____
 Date of Birth: _____ Sex: _____ Seat Position: _____
 Name: _____
 Address: _____
 Date of Birth: _____ Sex: _____ Seat Position: _____
 Name: _____
 Address: _____
 Date of Birth: _____ Sex: _____ Seat Position: _____

I was driving (direction) WEST On highway 16 At 65 MPH

[REDACTED] WAS DRIVING AND WE WERE TALKING.
 SUDDENLY [REDACTED] STARTED TO SHAKE AND HAD SOME KIND OF SEIZURE.
 [REDACTED] JUMPED OVER THE WHEEL AND I GRABBED THE WHEEL TO STEER
 THE CAR. I STEERED THE CAR ONTO THE THE HY C OFF RAMP
 I COULD NOT GET TO THE BRACE AND THE CAR STARTED TO GO
 FASTER.
 ALMOST AT THE TOP OF THE RAMP I TRIED TO STEER
 AROUND ANOTHER CAR, BUT COULD NOT AND WE HIT IT IN THE REAR.
 AFTER THE CRASH, ALL I REMEMBER IS FLAMES AND I NEEDED
 TO GET OUT.

The above statement is true and given of my own free will.

Signed: [REDACTED]

Date: _____ Time: _____

07-33067

Village of Chenequa Statement -- Traffic

NAME [REDACTED]	PHONE NO. [REDACTED]	ACCIDENT NUMBER [REDACTED]	CASE OR FILE # [REDACTED]
ADDRESS [REDACTED]		STREET OR ROAD ON	
AGE 45	DATE OF BIRTH [REDACTED]	OCCUPATION DRIVER	BUS PHONE [REDACTED]
VEHICLE MAKE & YEAR 07 FORD F150		WHERE SEATED DRIVER	INTERSECTION WITH OR DISTANCE FROM DATE TIME
MADE AT		MADE TO	
DATE 7-3-07	TIME 9:30	AIRBAGS? [REDACTED]	DEPLOYED? [REDACTED]
INSURANCE CO.		WERE YOU WEARING SEATBELTS? [REDACTED]	

1. I was driving (direction) South on highway Hy C at 38 M.P.H. (then state in your own words how this accident occurred).
THE JEEP WAS GOING TO FAST FOR STOPPING, COMING OFF HWY 16, ALL I SEEN WAS JEEP SKIDDING AND FLAMES FROM THE JEEP. I DID NOT SEE THE OTHER CAR UNTIL I GOT TO THE JEEP. THE OFFICER WAS BEHIND ME ABOUT 200 FEET.

BUS. PHONE AK
HM.
CELL

I have read the foregoing statement and it is true and correct to the best of my knowledge and belief.
 Witnessed _____ Signed _____

07-33067

[REDACTED] F/W [REDACTED]
[REDACTED]

Occurrence, WZ [REDACTED]

✓ During left turn onto northbound, witnessed
a Ford SUV pushing another vehicle through the
intersection of the exit ramp. Vehicle being
rear-ended was already on fire. Both vehicles
crashed into guard rail near westbound Hwy
16 entrance ramp.

[REDACTED]

07-33067

M/W

NASHOTAH WF

cell

- The man and Fowl passed me on 16 going at very erratic speeds - It appeared the passenger was trying to assist the driver

- They exited at C in front of me and started to accelerate - I slowed - they plowed into the back of a vehicle that was stopped at C

- There was a burst of flames and smoke - That is all I could see for awhile.

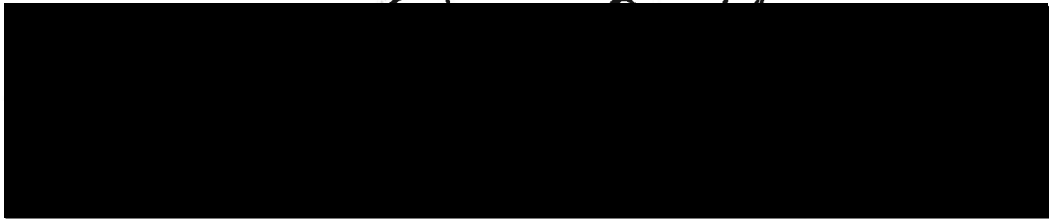
07-33067



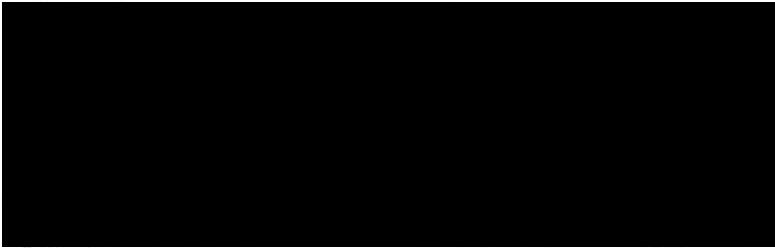
5-21-56

WATERTOWN WI

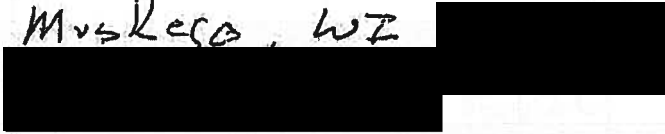
COMING UP OFF RAMP 16 E C WEST BOUND
SAW FIRE ON ROAD THEN SAW CRASH SITE
PARKED TRUCK AND WENT TO CRASH & SAW
DRIVER IN DRIVER SEAT - REMOVED SEAT BELT
AND PULLED DRIVER AWAY FROM CRASH (RED TRUCK)
COULDN'T GET AT 2ND VEHICLE BECAUSE OF FIRE



07-3306i



MvsKeco, WZ



LAWN & LANDSCAPE

POST CRASH SCENE

IMPACT GOUGE,
PAINT TRANSFER,
AND TIRE SCUFF

RAMP FROM W/B STH16

MEDIAN

STOP SIGN



— POST IMPACT TIRE MARK-FORD

— POST IMPACT TIRE MARK-JEEP

— POST IMPACT GOUGE



BROKEN GLASS-JEEP



SURFACE SCRATCHES



FLUID/BURN RESIDUE-JEEP



GRAVEL SHOULDER

— GUARDRAIL-ORIGINAL LOCATION

— GUARDRAIL-POST IMPACT LOCATION

CTH C

RAMP TO W/B STH 16

MEDIAN

FORD

JEEP

Drawn by: DEPUTY ALLEN SILL #8066

IR# W07-33067

Acc #: 8383726

Date: 07-03-07

Location: STH 16 AT CTH C

1in = 33.02ft

MATTER # 1182333
FILE TYPE Notice
FILE NAME [REDACTED]
CAIR #
DATE OF INCIDENT 07/03/2007
DATE OF NOTICE 07/16/2007
MODEL/MODEL YEAR 2001 Jeep Grand Cherokee (WJ)
VIN 1J4GW48S310 [REDACTED]
MILEAGE
OWNER [REDACTED]
[REDACTED] Hartland, Wisconsin [REDACTED]
[REDACTED]
COURT
DOCKET #
FIRE ALLEGED Yes
DESCRIPTION On July 3, 2007, [REDACTED] was driving his 2001 Jeep Grand Cherokee (WJ) on Wisconsin State Highway 16 near Waukesha, Wisconsin. At the accident scene State Highway 16 is a limited access divided highway. The Jeep Grand Cherokee (WJ) had travelled down the exit ramp to Lakeland Drive and stopped at a stop sign when [REDACTED], driving a 2005 Ford Freestyle with his wife [REDACTED] in the front passenger seat, failed to observe the stopped Jeep Grand Cherokee (WJ) and struck it in the rear. The impact pushed the Jeep Grand Cherokee (WJ) 160 feet, over the median and into a guardrail. A fire ensued.
PROPERTY DAMAGE ALLEGED No
INJURIES 2
FATALITIES 1
ANALYSIS Chrysler Group was unable to inspect the 2001 Jeep Grand Cherokee (WJ) and, as such, is unable to confirm that, as a result of the accident, the fuel tank ruptured or that the origin of the fire was at the fuel tank. Based on the police accident report and other available information, Chrysler Group concludes that the Ford Freestyle, being operated by Mr. [REDACTED] wife from the right front passenger seat because he was having an apparent seizure or stroke, struck the rear of the Jeep Grand Cherokee (WJ) at an approximate relative velocity of 65 mph. The extremely severe, high energy impact pushed the Jeep Grand Cherokee (WJ) approximately 160 feet. The police accident report concluded that "the impact was of such a severe nature that it pushed the right rear portion of the Jeep Grand Cherokee (WJ) approximately three to four feet forward, causing the

gasoline tank on the Jeep Grand Cherokee (WJ) to rupture." The severe damage to the rear of the Jeep Grand Cherokee (WJ) is depicted in the photographs in Enclosure 4 Bates Nos. PE10-031-Chrysler-001103-1104.



Vehicle Fire Investigation Report

File # 9735223-

YEAR 98	MODEL GRAND Cherokee	VEHICLE IDENTIFICATION NUMBER 1J4G1258141wcl	ODOMETER UNKNOWN	M.D.H. 05/20/02	DELIVERY DATE 5-30-98
CITY Danville	STATE Ky	ZIP 40419	BUSINESS PHONE N/A	HOME PHONE	
SELLING DEALER NAME Bob Allen CD	ZONE 41	DLR. CODE S2075	CITY Danville Ky	STATE	

INTERVIEW

INTERVIEW WITH: <input type="checkbox"/> DRIVER <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER	NAME NO Interview	INTERVIEW DATE	DATE OF FIRE 02/06/02	TIME OF FIRE 15:58	INSPECTION DATE 02/28/02
------------------------------------------------------------------------------------------------------------------------	----------------------	----------------	--------------------------	-----------------------	-----------------------------

1. DESCRIPTION OF EVENT: Subrogation claim only Inspection -
see ATTACHED Police Report for description -
owner will NOT Return Phone Messages Last.

2. WHERE WAS FIRE FIRST NOTICED? (GENERAL ORIGIN) ENGINE COMPT. INSTRUMENT PANEL INTERIOR (NOT I/P) TRUNK UNDERBODY

3. WHAT AREA OF GENERAL ORIGIN (ABOVE) WAS FIRE NOTICED? (SPECIFIC LOCATION OF GENERAL ORIGIN AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER

4. OPERATING MODE PRIOR TO FIRE (Use Back of Form for Additional Comments)
DRIVING, WHAT SPEED? HOW LONG? IDLING, HOW LONG? IGNITION OFF, HOW LONG?

5. OPERATING MODE AT TIME OF FIRE (Use Back of Form for Additional Comments)
DRIVING, WHAT SPEED? HOW LONG? IDLING, HOW LONG? IGNITION OFF, HOW LONG?

6. ANY NOTICEABLE EVENTS PRIOR TO FIRE? (EXPLAIN) MISFIRE, DIEOUT BACKFIRE FLUID LEAKS FUEL ODOR LIGHTS DIMMING/FLASHING
 INOPERATIVE COMPONENT/SYSTEM WARNING LIGHTS/GAUGES OTHER

7. WHAT ACCESSORIES WERE ON AT TIME OF FIRE? LIGHTS BLOWER MOTOR REAR DEFROSTER WIPERS A/C OTHER, DESCRIBE

8. HOW LONG DID FIRE BURN AND METHOD USED TO EXTINGUISH?
MINUTES WATER EXTINGUISHER SELF EXTINGUISHED

9. LIST PAST REPAIRS AND DATES (INCLUDE OIL CHANGES - USE BACK OF FORM FOR ADDITIONAL COMMENTS)

10. WERE ANY OCCUPANTS IN VEHICLE (PRIOR TO FIRE) SMOKERS? (IF INTERIOR OR I/P FIRE) YES NO

11. ANY ADDED ACCESSORY EQUIPMENT OR MODIFICATIONS TO VEHICLE? YES NO (IF YES, DESCRIBE)

12. ANY LOSS OF OR DAMAGE TO PERSONAL PROPERTY? YES NO (IF YES, DESCRIBE)

13. ANY ALLEGED PERSONAL INJURIES? YES NO (IF YES, DESCRIBE)

14. DID OWNER NOTIFY HIS INSURANCE CARRIER?
 YES (NAME OF COMPANY) NO (ADVISE HIM TO DO SO)

15. DID YOU SECURE PERMISSION FROM THE OWNER OR DRIVER TO INSPECT VEHICLE? YES NO (IF NO, DO NOT INSPECT, DO NOT COMPLETE ORIGIN AND CAUSE SECTION)

INVESTIGATION (Inspect items on reverse side before proceeding)

GENERAL ORIGIN (CHECK THE AREA WITH MOST DAMAGE) ENGINE INSTRUMENT PANEL INTERIOR (NOT I/P) TRUNK UNDERBODY

Roof Interior + DASH, Seat, ENTIRE INTERIOR.

LOCATION (CHECK THE AREAS WITH THE MOST DAMAGE AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER Inverted

LOWEST POINT OF BURNING TOP OF VEHICLE MIDDLE OF VEHICLE BOTTOM OF VEHICLE

Vehicle Inverted when Fire occurred AFTER Rolling 3 Times

DETERMINATION OF ORIGIN AND POSSIBLE CAUSE

ORIGIN APPEARS TO BE IN THE AREA OF:
Fuel Line on Frame Crushed + Cracked Letting Fuel Spew
Onto Hot Exhaust Pipe engulfing Roof + Interior (Vehicle Inverted)

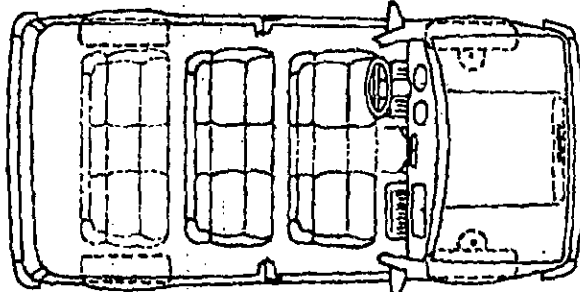
CAUSE APPEARS TO BE:
Severed Fuel Line from Valve to Frame -
Vehicle Rolled over 3 times in Accident Resulting Inverted

REASONS FOR STATING ORIGIN AND CAUSE:
Path of Burn Pattern + Tow Drivers Statement.

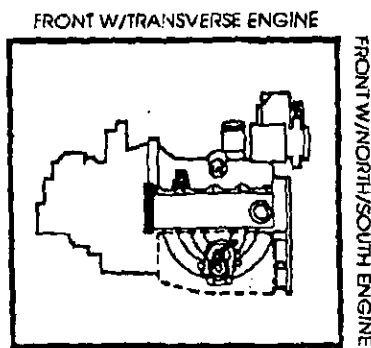
CHRYSLER REPRESENTATIVE - PRINT OR TYPE MICHAEL Schamel	ZONE EAA	PHONE 812 883-6236	DAMAGE CLASS (CHECK ONE) <input type="checkbox"/> SELF <input type="checkbox"/> OTHER	REPAIR ESTIMATE total by Ins.
------------------------------------------------------------	-------------	-----------------------	------------------------------------------------------------------------------------------	----------------------------------

File 9735223-

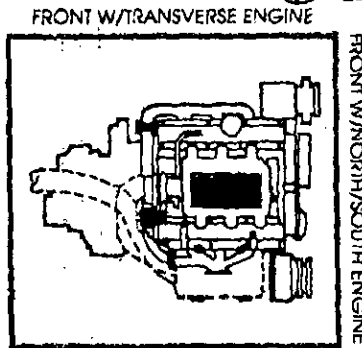
LINE IN (CROSS HATCH) AREA MOST SEVERELY AFFECTED (IE: [REDACTED])
SKETCH KEY COMPONENTS/DETAIL AS REQUIRED (EX: FUSES, FUSELINKS, WIRING, FUEL HOSES OR TUBES, POWER STEERING HOSES OR TUBES, ETC.)



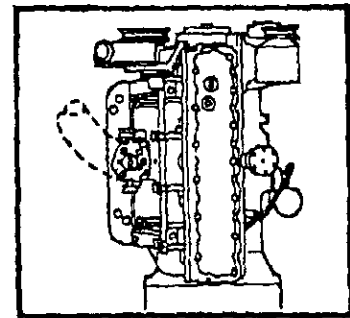
See ATTACH CAIR Page 4 for Description of Vehicle



4-CYLINDER



V-6/V-8



IN LINE 6 CYLINDER

Vehicle Inverted @ Time of Fire.

INSPECTION LIST

(CHECK OFF AND NOTE OBSERVATIONS WHERE APPLICABLE TO DETERMINE POSSIBLE ORIGIN AND CAUSE. ADD ADDITIONAL COMMENTS BELOW)

- CHECK VEHICLE HISTORY FILE. *N/A*
- IDENTIFY COMBUSTIBLES WITH MOST DAMAGE -- NOTE BURN PAIN, MELTED PLASTICS AND ALUMINUM AS INDICATOR OF HOT SPOTS. *Headliner + Interior from GAS*
- IDENTIFY HEAT SOURCES AND LIST MOST LIKELY METHOD OF IGNITION. *GAS spewing onto Roof + Interior Vehicle Inverted*
- STUDY PROGRESSION OF FIRE FROM IGNITION SOURCE TO OTHER COMBUSTIBLES (LARGE COMBUSTIBLE OBJECTS MAY LEAVE A DECEIVING HOT SPOT -- COMPARE BURN PATTERN TO CUSTOMER'S DESCRIPTION OF WHERE FIRE WAS FIRST NOTED.) USE POINTER METHOD.
- EXHAUST MANIFOLD/PIPE -- LOOK FOR: WITNESS OF FLUID LEAKS (ENGINE OIL, TRANS., POWER STEERING FLUID, COOLANT, ETC.); RODENT NESTS, OR OTHER FOREIGN OBJECTS. *None - No Witness Fuel Run Down Interior Headliner + Interior*
- FUEL HOSES AND TUBES -- LOOK FOR PROPER ROUTING, CLAMP POSITION AND TYPE, NOTE HOSE RESIDUE UNDER CLAMP. *Severed + SNASH AT Frame from Roll over.*
- FUSELINKS (OR CARTRIDGES) AND INTERIOR FUSE CONDITION -- CHECK FOR OPENS AND COMPARE SIZE (RATING) WITH SPECIFICATIONS. *Intact*
- WIRING -- LOOK FOR MOLTEN ENDS (STRAND WITH BALL ON END), COPPER DEPOSITS, BURN HOLES IN METAL -- INDICATING ARCED OR SHORTED WIRE -- NOTE POSSIBLE CAUSE (PINCHED, CHAFED, SCREW THROUGH WIRE, OVER RATED FUSE OR FUSELINK, ETC.) *Intact Engine Compartment*
- POWER STEERING PUMP AND HOSES -- LOOK FOR: HOSE TUBE DAMAGE, HOSE ROUTING, EVIDENCE OF CHAFING, MISSING PUMP CAP (REMAINS IN PUMP), ETC. *Full*
- ENGINE -- OIL LEAKS: AT VALVE COVER, HEAD GASKET, LOOSE OR MISSING OIL FILTER CAP, OIL PAN, FILTER, SENDING UNIT, CAM PLUG, ETC. *N/A*
- AFTERMARKET EQUIPMENT INSTALLATION -- CHECK FOR PROPER FUSING AND TRACE WIRE ROUTING TO POWER SOURCE. *None*
- ASH TRAYS -- CHECK FOR CIGARETTES AND DEBRIS IN ASH TRAY, ON SEAT CUSHIONS AND CARPETING. *N/A Interior melted*
- SWITCHES -- CHECK IGNITION AND ALL OTHER SWITCH POSITIONS TO DETERMINE WHICH CIRCUITS WERE ON AT TIME OF FIRE. *N/A*

Additional Comments: *Vehicle in Accident Resulting in 3 Turn Roll over Causing Damage to Fuel Lines, spewing Fuel onto Exhaust Resulting in Fire. See Attached Page 4 of CAIR Report for*

Description of Body Damage
ATTACH: POLICE OR FIRE REPORTS, IF AVAILABLE REPAIR ESTIMATES
 PREVIOUS SERVICE FILE OTHER *(Total by Ins)*
 PHOTOGRAPHS (3 COPIES W/NEG.)

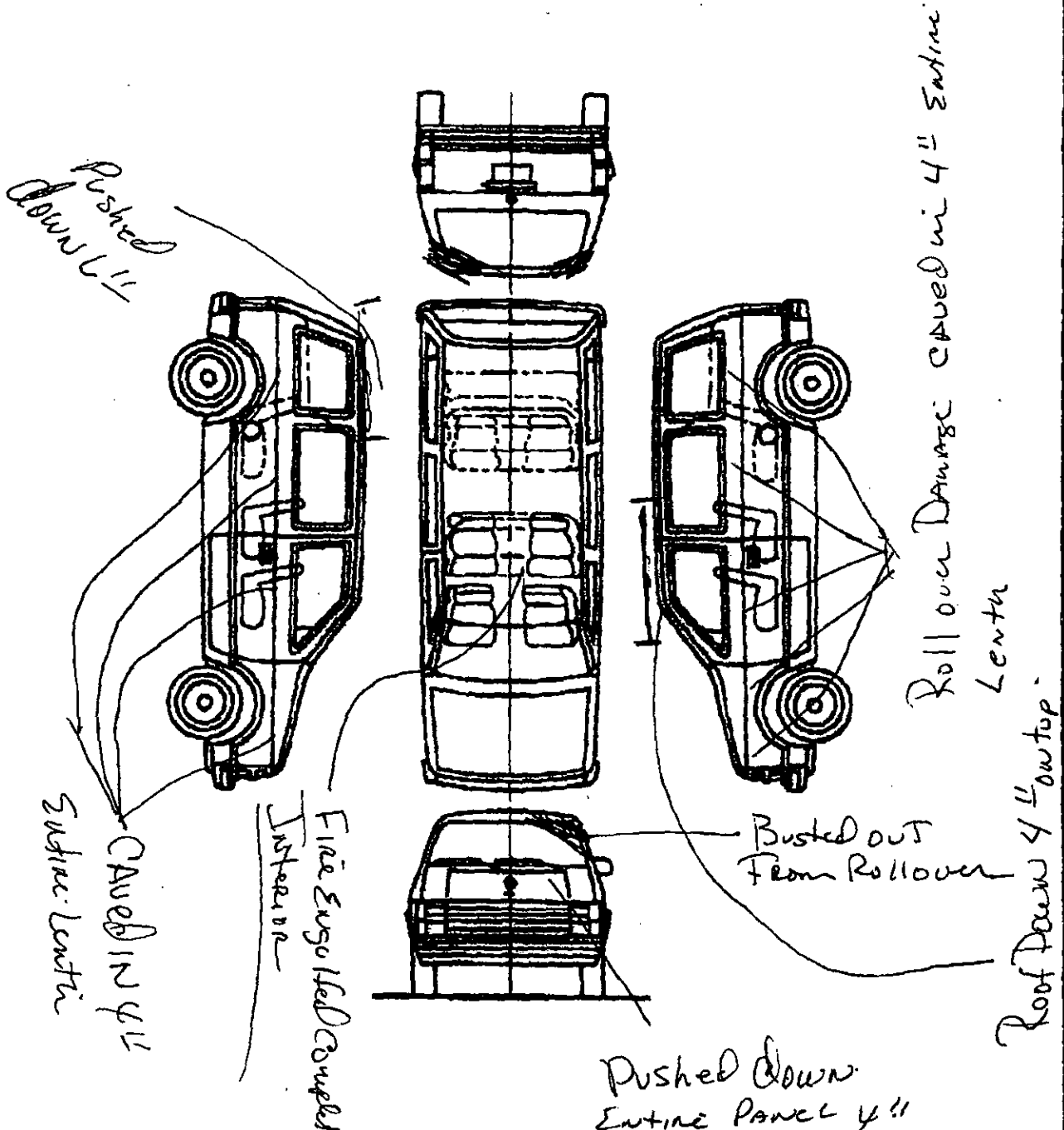
NOTE: PRIOR APPROVAL IS REQUIRED BEFORE SHOWING OR PROVIDING THIS REPORT TO PERSONS NOT IN THE EMPLOY OF CHRYSLER CORPORATION.

DISTRIBUTION: - RETAIN MACHINE COPY FOR ZONE OWNER RELATIONS FILE.
OWNER OR DEALER SOLD: FORWARD ORIGINAL TO S&P DIVISION SPECIAL INVESTIGATIONS DEPARTMENT DEALER UNSOLD OR CARRIER FORWARD ORIGINAL TO S&P DIVISION
DEALER CLAIMS ANALYSIS & CONSID.

Confidential

REF. # 9735223

Exterior Damage Diagram and Measurements



Sketch damage on all views. Include dimenals to describe and locate each damaged area and maximum depth of penetration for each impact. Annotate observations which might be useful in reconstructing the accident (e.g., direction of scrapes, markings on tires and wheels, etc.). Take photographs.

04/28/18 THU 23:11 FAX

001

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT				REISSUANCE	REPLACEMENT	ORIGINAL MASTER FILE #	17-9230-680				
INVESTIGATING AGENCY BOYLE CO SHERIFFS OFFICE				AGENCY OR NUMBER KY 0110000			LOCAL CODE				
ROADWAY NAME ALUM SPRINGS ROAD				INTERSECTION WITH YATES ROAD STEWARTS LANE			BETWEEN STREETS				
ROADWAY # KY 300	MILES FEET	CD	MILEPOINT # 4.369	NUMBER	PRIME	UNITS INVOLVED	HIT & RUN	ONE WAY	SPEED LIMIT 55		
IN CITY LIMITS	MILES FROM CITY 0.6	LATITUDE Cos: 37 Min 35 Sec 820		COLLISION DATE 02 06 2002		COLLISION TIME		COLLISION TIME - AM/PM 1558			
CITY/TOWN		LONGITUDE Cos: 084 Min 49 Sec 028		RAMP #		FROM		TO		JUNCTION	
MANNER OF COLLISION <input type="checkbox"/> ANGLE <input type="checkbox"/> BACKGIRL <input type="checkbox"/> HEAD ON <input type="checkbox"/> OPPOSING LEFT TURN <input type="checkbox"/> REAR END <input type="checkbox"/> REAR TO REAR			LOCATION 1ST EVENT <input type="checkbox"/> CURVE <input type="checkbox"/> MEDIAN <input type="checkbox"/> ON ROADWAY <input type="checkbox"/> OUTSIDE SHOULDER LEFT <input type="checkbox"/> OUTSIDE SHOULDER RIGHT <input type="checkbox"/> SHOULDER			TRAFFIC CONTROL <input type="checkbox"/> ADVISORY SPEED SIGN <input type="checkbox"/> CENTER LINE <input type="checkbox"/> CURVE SIGN <input type="checkbox"/> FLASHING LIGHT <input type="checkbox"/> MEDIAN			ROADWAY SURFACE <input type="checkbox"/> ASPHALT <input type="checkbox"/> CONCRETE <input type="checkbox"/> GRAVEL <input type="checkbox"/> OTHER		
ROADWAY TYPE <input type="checkbox"/> COUNTY ROAD <input type="checkbox"/> FEDERAL <input type="checkbox"/> FRONTAGE ROAD <input type="checkbox"/> INTERSTATE <input type="checkbox"/> LOCAL STREET			TOTAL LANES 2			ROADWAY CHARACTER <input type="checkbox"/> CURVE & GRADE <input type="checkbox"/> CURVE & HILLCREST <input type="checkbox"/> CURVE & LEVEL			ROADWAY CONDITION <input type="checkbox"/> DRY <input type="checkbox"/> ICE <input type="checkbox"/> SAND, MUD, DIRT, OL, GRAVEL <input type="checkbox"/> SNOWSLUSH <input type="checkbox"/> WET		
WEATHER <input type="checkbox"/> SLOWING SAND, SOIL <input type="checkbox"/> DRY, SNOW <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG/SMOG/SMOKE <input type="checkbox"/> FOG WITH RAIN			LIGHT CONDITION <input type="checkbox"/> DAWN <input type="checkbox"/> DAY LIGHT <input type="checkbox"/> DUSK			LAND USE <input type="checkbox"/> BUSINESS <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> PARK <input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> RESIDENTIAL			SCHOOL BUS RELATED <input type="checkbox"/> DIRECTLY <input type="checkbox"/> INDIRECTLY <input type="checkbox"/> NOT APPLICABLE		
FIRST AID AT SCENE <input checked="" type="checkbox"/>		FIRST AID GIVEN BY BOYLE CO EMS		INJURED REMOVED TO		EMERSON MCKAY WELLS					
EMS AGENCY AND RUN # 1-5-40-0893		EMS AGENCY AND RUN #		EMS AGENCY AND RUN #		EMS AGENCY AND RUN #		EMS AGENCY AND RUN #		EMS AGENCY AND RUN #	
EMERGENCY VEHICLE		POLICE VEHICLE		PRIVATE VEHICLE		HELI-COPTER/OTHER AIR VEHICLE		POLICE AMBULANCE		PRIVATE AMBULANCE	
DESCRIPTION OF COLLISION UNIT 1 STATED VEHICLE STARTED FISH TAILING AND SHE WAS UNABLE TO CONTROL AND STARTED TOWARD DITCH AND OVERTURNED SEVERAL TIMES AND CAME TO REST ON ITS TOP											
INVESTIGATOR LEEROY MARDIN				ID. NUMBER 12		BEAT OR POST NO. PATROL		TIME NOTIFIED 1558		TIME ARRIVED 1607	
ADVISORY OFFICER 1542				REVIEWED BY		PAGE OF PAGES 1 3		PHOTOS <input type="checkbox"/>		PHOTOGRAPHER UNIT NO:	
MASTER FILE #: 00725368						KSP 14 Revised 1/2000					

04/28/16 THU 23:12 FAX

002

17-9230-630

1 PROPERTY DAMAGE-OTHER THAN VEHICLES

OWNER ADDRESS

LOCAL CODE

PROPERTY

(L) (S) (P) (T) (V)

2 PROPERTY DAMAGE-OTHER THAN VEHICLES

OWNER ADDRESS

PROPERTY

(L) (S) (P) (T) (V)

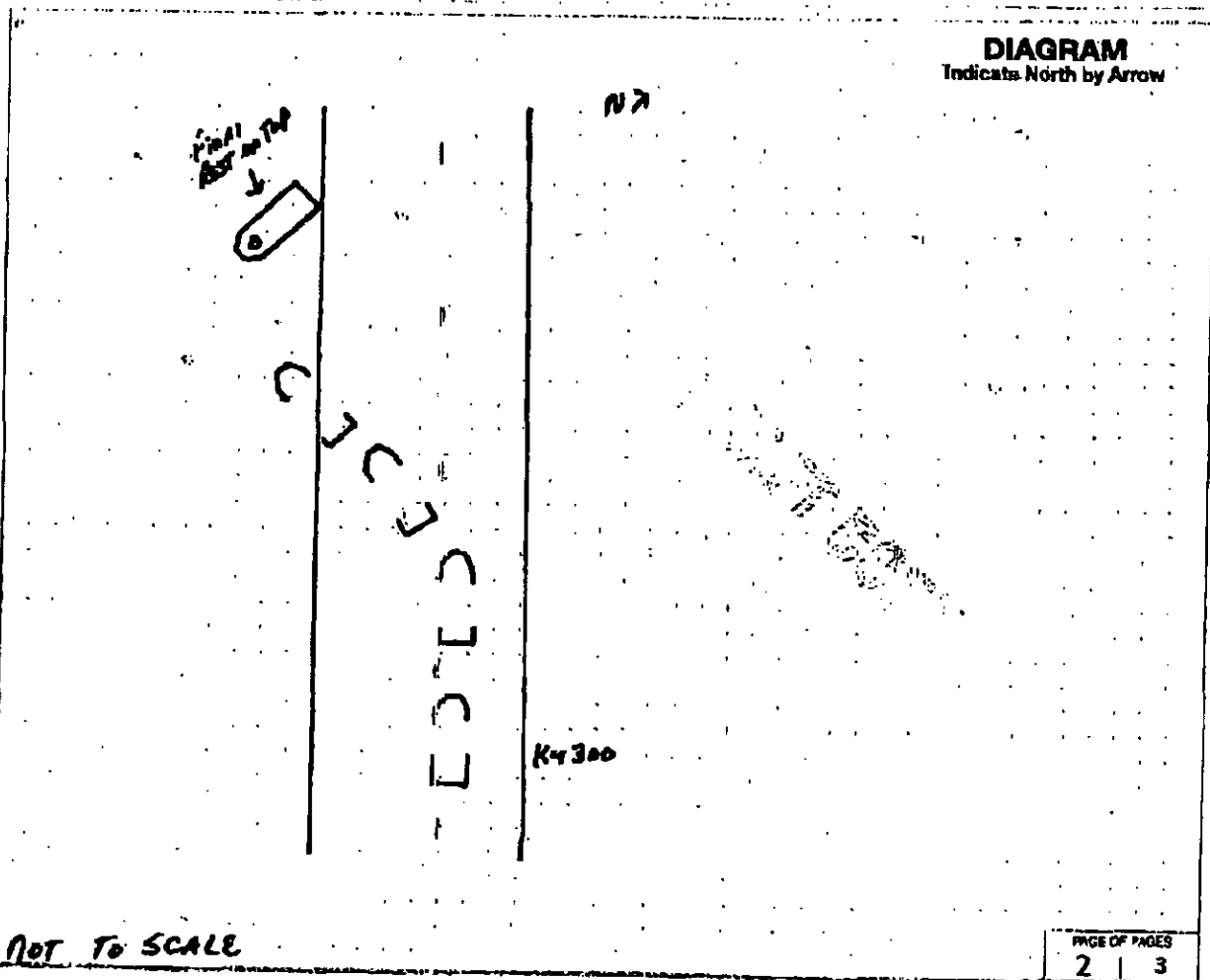
3 PROPERTY DAMAGE-OTHER THAN VEHICLES

OWNER ADDRESS

PROPERTY

(L) (S) (P) (T) (V)

DIAGRAM
Indicate North by Arrow



NOT TO SCALE

PAGE OF PAGES
2 | 3



MASTER FILE #: 00725368

KSP 74 Revised 1/2000

04/20/16 THU 23:12 FAX

2003

17-9230-689 LOCAL COLL

UNREGISTERED TOWED <input type="checkbox"/> REMOVED TO: [redacted] # OCCUPANTS 2		PEDESTRIAN FACTORS <input type="checkbox"/> APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> CROSSING AGAINST SIGNAL <input type="checkbox"/> CROSSING WITH SIGNAL <input type="checkbox"/> DARK CLOTHING/NOT VISIBLE <input type="checkbox"/> DRIVING INTO ROAD <input type="checkbox"/> DRUNK <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> GETTING ON/OFF VEHICLE <input type="checkbox"/> IN CROSSWALK <input type="checkbox"/> JOGGING		LYING IN ROADWAY ADJ AT INTERSECTION NOT IN ROADWAY PHYSICAL IMPAIRMENT PLAYING IN ROADWAY PUSHING VEHICLE SKATING/WATER SKIDDING WALKING IN ROADWAY WORKING IN ROADWAY WORKING ON VEHICLE	
OPERATOR'S LIC NO. [redacted] OPERATOR'S LICENSE RESTRICTIONS: <input type="checkbox"/> COMP <input type="checkbox"/> CO. RESIDENT <input checked="" type="checkbox"/> OPERATOR LAST NAME: BODNER FIRST NAME: PAULA MI: V	STATE: KY DATE OF BIRTH: 09081956 STREET NUMBER AND NAME: 3305 ALUM SPRINGS ROAD		CITY: DANVILLE STATE: KY ZIP CODE: 40422		
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP NAME: OPERATOR 1 ADDRESS: SAME AS OPERATOR 1 NAME: MATTHEW BODNER ADDRESS: 3305 ALUM SPRINGS ROAD			DATE OF BIRTH / DATE OF DEATH 09081956 12161929		
VEHICLE YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR 1998 CHEROKEE JEEP 4 DOOR KY 407 CDS 2002			VEHICLE ID NUMBER: 1J4GZ58S4WC364821 VEHICLE INSURED: <input checked="" type="checkbox"/> NAME OF INSURANCE CO.: STATE FARM 859 236 8228 COLOR OF VEHICLE: TAN		
1ST AREA OF CONTACT: COMBINATION VEHICLE 		EXTENT OF DAMAGE: <input type="checkbox"/> VERY MINOR, <input type="checkbox"/> MINOR, <input type="checkbox"/> MODERATE, <input type="checkbox"/> SEVERE, <input type="checkbox"/> VERY SEVERE, <input type="checkbox"/> OTHER PROPERTY, <input type="checkbox"/> NO DAMAGE, <input type="checkbox"/> UNKNOWN AIR BAG SWITCH: <input type="checkbox"/> ON, <input checked="" type="checkbox"/> NOT PRESENT		TRAVEL DIRECTION: [] ESTIMATED TRAVEL SPEED: [] BETWEEN [] & [] MPH	
COMMERCIAL VEH.: <input type="checkbox"/> SINGLE, <input type="checkbox"/> COMBINATION, <input type="checkbox"/> BOBTAIL HAZ. CARDS: <input type="checkbox"/> HAZ. CARGO CODE: [] TYPE CAT: [] COMMODITY: [] NMS SAFETY REPORT #: []		CHASSIS OR CHASSIS NO.: [] FRAME OR FRAME NO.: [] VARIANTS (OTHER THAN EQUIPMENT): [] VEHICLE IDENTIFICATION NO. (VIN): []		OTHER EVIDENCE: [] DRIVERS LICENSE: [] OTHER IDENTIFYING INFORMATION: []	
MOTOR CARRIER ADDRESS: []		CARRIER NAME SOURCE: <input type="checkbox"/> DRIVER, <input type="checkbox"/> LOG BOOK, <input type="checkbox"/> SHIPPING PAPERS (TRUCK OR TRIP MANIFEST) (BLUE)		METHOD OF DETERMINATION: <input type="checkbox"/> FIELD SOBRIETY TEST, <input type="checkbox"/> OBSERVATION, <input type="checkbox"/> OTHER	
VIOLATION CODES: [] CITATION NUMBER: [] CASE NUMBER: []		SUSPECTED DRIVING DRIVER: <input checked="" type="checkbox"/>		RESULTS: []	
TEST OFFERED: <input type="checkbox"/> CHEMICAL TEST: <input type="checkbox"/> BLOOD, <input type="checkbox"/> URINE, <input type="checkbox"/> BREATH, <input type="checkbox"/> REFUSED TESTED FOR: <input type="checkbox"/> ALCOHOL, <input type="checkbox"/> DRUGS		TAKEN BY: [] SENT TO: []		P.B.T. OTHER: []	
MASTER FILE #: 0072536			NCS - EM-R00373-0004X CDS - Provided to U.S.A. RSP 74 Revised 1/2000		

999 1-20

5371673

YEAR 96	MODEL CHEROKEE	VEHICLE IDENTIFICATION NUMBER 1THGP178N9TK1205451	ODOMETER UNKNOWN	M.D.H. 123117	DELIVERY DATE 12
CITY BOONTON		STATE NJ	ZIP CODE [REDACTED]		
SELLING DEALER NAME Autoland C-P-J					

INTERVIEW

INTERVIEW WITH <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER	NAME [REDACTED]	INTERVIEW DATE 0111199	DATE OF FIRE 111198	TIME OF FIRE : AM PM	INSPECTION DATE 123198
----------------------------------------------------------------------------------------------------------------------------------	--------------------	---------------------------	------------------------	----------------------------	---------------------------

1. DESCRIPTION OF EVENT:
DRIVER SAID GETTING READY FOR TURN OTHER DRIVER RAN LIGHT HIT LEFT FRONT CORNER, PULLED INTO LOT SAW FLAMES CALL FIRE DEPARTMENT

2. WHERE WAS FIRE FIRST NOTICED? (GENERAL ORIGIN) ENGINE COMP. INSTRUMENT PANEL INTERIOR (NOT UP) TRUNK UNDERBODY

3. WHAT AREA OF GENERAL ORIGIN (ABOVE) WAS FIRE NOTICED? (SPECIFIC LOCATION OF GENERAL ORIGIN AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER

4. OPERATING MODE PRIOR TO FIRE (Use back of form for Additional Comments)
DRIVING, WHAT SPEED? 20-30, HOW LONG? 1/2 HR, IDLING, HOW LONG? 5 MIN, IGNITION OFF, HOW LONG? UNKNOWN

5. OPERATING MODE AT TIME OF FIRE (Use back of form for Additional Comments)
DRIVING, WHAT SPEED? 5-10, HOW LONG? 1/2 HR, IDLING, HOW LONG? 5 MIN, IGNITION OFF, HOW LONG? UNKNOWN

6. ANY NOTICEABLE EVENTS PRIOR TO FIRE? (EXPLAIN) MISFIRE, DIEOUT BACKFIRE FUEL LEAKS FUEL ODOOR LIGHTS DIMMING/FLASHING
 INOPERATIVE COMPONENT/SYSTEM WARNING LIGHTS/GAUGES OTHER NONE

7. WHAT ACCESSORIES WERE ON AT TIME OF FIRE? LIGHTS BLOWER MOTOR REAR DEFROSTER WIPERS A/C OTHER, DESCRIBE
STEREO

8. HOW LONG DID FIRE BURN AND METHOD USED TO EXTINGUISH?
3-5 MINUTES, WATER, EXTINGUISHER

9. LIST REPAIRS AND DATES (INCLUDE OIL CHANGES - USE BACK OF FORM FOR ADDITIONAL COMMENTS)
UNKNOWN

10. WERE ANY OCCUPANTS IN VEHICLE PRIOR TO FIRE? (MOVEMENT OF INTERIOR OR UP FIRE) YES NO

11. ANY ADDED ACCESSORY EQUIPMENT OR MODIFICATIONS TO VEHICLE? YES NO (IF YES DESCRIBE)
POWER AMP

12. ANY LOSS OF OR DAMAGE TO PERSONAL PROPERTY? YES NO (IF YES DESCRIBE)

13. ANY ALLEGED PERSONAL INJURIES? YES NO (IF YES DESCRIBE)
BRUISED KNEE

14. DID OWNER NOTIFY HIS INSURANCE CARRIER?
YES (NAME OF COMPANY) LIBERTY MUTUAL

15. DID YOU SECURE PERMISSION FROM THE OWNER OR DRIVER TO INSPECT VEHICLE? YES NO (IF NO, DO NOT INSPECT, DO NOT COMPLETE ORIGIN AND CAUSE SECTION)

INVESTIGATION

GENERAL ORIGIN (CHECK THE AREA WITH MOST DAMAGE) ENGINE INSTRUMENT PANEL INTERIOR (NOT UP) TRUNK UNDERBODY

LOCATION (CHECK THE AREAS WITH THE MOST DAMAGE AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER

LOWEST POINT OF BURNING TOP OF VEHICLE MIDDLE OF VEHICLE BOTTOM OF VEHICLE

DETERMINATION OF ORIGIN AND POSSIBLE CAUSE

ORIGIN APPEARS TO BE IN THE AREA OF:
ENGINE COMPARTMENT, DRIVER SIDE

CAUSE APPEARS TO BE:
Unable to confirm, but Power Steering Line came loose.

AC FREON LINE Broken by compressor

REASONS FOR STATING ORIGIN AND CAUSE:
DAMAGE WORSE ON DRIVER SIDE

CHRYSLER REPRESENTATIVE - PRINT OR TYPE J B Young E.A.A	ZONE IN	PHONE 7653649350	DAMAGE CLASS (CHECK ONE) <input type="checkbox"/> SELL <input type="checkbox"/> DONATE <input type="checkbox"/> COMPANY USE <input type="checkbox"/> SCRAP	REPAIR ESTIMATE MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR UNAVAILABLE
------------------------------------------------------------	------------	---------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

84-130-9930 (REV. 9/89)

5371673

SKETCH KEY COMPONENTS/DETAIL AS REQUIRED (E.G. FUSES, FUELLINES, WIRING, FUEL HOSES OR TUBES, POWER STEERING HOSES OR TUBES, ETC.)

CONVEX
L.R FENDER
4 1/8 x 6" LONG
DENT

18" up from sill
crease/dent 25" LONG

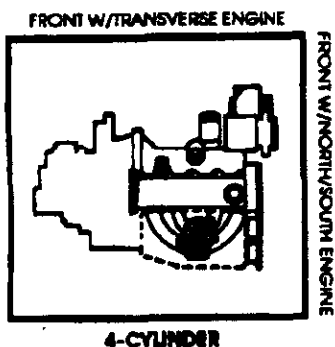
FENDER TRIMLINE
43718"

4 1/2" DENT 2" CORNER
HOOD/FENDER

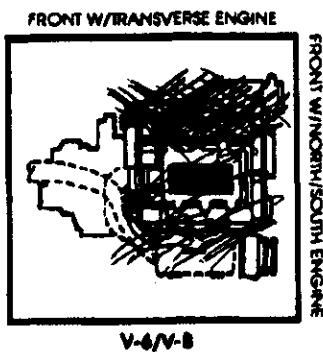
FRONT OF COUL TO REAR
OF TOP RADIATOR SUP PORT
MAX CUSH L-27 1/4 R-28 1/2

BUMPER TORN OFF
GRILLE BROKEN

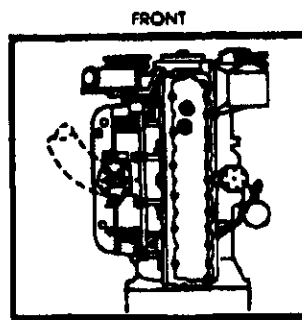
RIGHT FRONT FENDER 4" OVER DOOR



4-CYLINDER



V-6/V-8



IN LINE 6 CYLINDER

INSPECTION LIST

- CHECK VEHICLE HISTORY FILE.
- IDENTIFY COMBUSTIBLES WITH MOST DAMAGE - NOTE BURNT PAINT, MELTED PLASTICS AND ALUMINUM AS INDICATOR OF HOT SPOTS.
- IDENTIFY HEAT SOURCE AND LIST MOST LIKELY METHOD OF IGNITION.
- STUDY PROGRESSION OF FIRE FROM IGNITION SOURCE TO OTHER COMBUSTIBLES (LARGE COMBUSTIBLE OBJECTS MAY LEAVE A DECEIVING HOT SPOT - COMPARE BURN PATTERN TO CUSTOMER'S DESCRIPTION OF WHERE FIRE WAS FIRST NOTED.) USE PONTIER METHOD.
- EXAMINE MAIN FUEL LINE - LOOK FOR WISERS OF FLUID LEAKS (ENGINE OIL, TRANS. POWER STEERING FLUID, COOLANT, ETC.) ROSEN TESTS, OR OTHER FOREIGN OBJECTS.
- FUEL HOSES AND TUBES - LOOK FOR PROPER ROUTING, CLAMP POSITION AND TYPE. NOTE HOSE RESIDUE UNDER CLAMP.
- FUELLINES (OR CARTRIDGES) AND INJECTOR FINE CONDITION - CHECK FOR CRACKS AND COMPARE SIZE (RATING) WITH SPECIFICATIONS.
- WIRING - LOOK FOR BROKEN ENDS (SHARP WITH BALL ON END), COPPER DEPOSITS, BURN HOLES IN METAL - INDICATING ARCING OR SHORTED WIRE - NOTE POSSIBLE CAUSE (PINCHED, CHAFED, SCREW THROUGH WIRE, OVER RATED FUSE OR FUELLINE, ETC.) INSULATION BURNED OR MELTED.
- POWER STEERING PUMP AND HOSES - LOOK FOR HOSE TUBE DAMAGE, HOSE ROUTING, EVIDENCE OF CHAFING, MISSING PUMP CAP (REMAINS IN PUMP), ETC.
- ENGINE - OIL LEAKS: AT VALVE COVER, HEAD GASKET, LOOSE OR MISSING OIL FILLER CAP, OIL PAN, FILTER, SENSING UNIT, CAM PLUG, ETC.
- APPROPRIATE EQUIPMENT INSTALLATION - CHECK FOR PROPER FUELING AND TRACE WIRE ROUTING TO POWER SOURCE.
- ASH TRAYS - CHECK FOR CIGARETTES AND DEBRIS IN ASH TRAY, ON SEAT CUSHIONS AND CARPETING.
- SWITCHES - CHECK IGNITION AND ALL OTHER SWITCH POSITIONS TO DETERMINE WHICH CIRCUITS WERE ON AT TIME OF FIRE.

Additional Comments: A/C LINE THAT CROSSED TOP OF RADIATOR THEN TURNS TO ATTACH TO COMPRESSOR BROKEN AT TURN.

ATTACH: POLICE OR FIRE REPORTS, IF AVAILABLE REPAIR ESTIMATES
 PREVIOUS SERVICE FILE OTHER _____
 PHOTOGRAPHS (3 COPIES W/ING.)

NOTE: PRIOR APPROVAL IS REQUIRED BEFORE SHOWING OR PROVIDING THIS REPORT TO PERSONS NOT IN THE EMPLOY OF CHRYSLER CORPORATION.

DISTRIBUTION: RETAIN MACHINE COPY FOR ZONE OWNER RELATIONS FILE.
OWNER OR DEALER SOLD: FORWARD ORIGINAL TO S&P DIVISION SPECIAL INVESTIGATIONS DEPARTMENT DEALER UNSOLD OR CARRIER FORWARD ORIGINAL TO S&P DIVISION
DEALER CLAIM ANALYSIS & CONTROL

84-130-0950 (REV. 9/87)

OIR 5371673

BRAKE BOOSTER MELTED AWAY (RESIDUE)
 INTAKE HOSE & AIR FILTER BOX MELTED AWAY
 AC LINE TO COMPRESSOR BROKEN
 POWER STEERING LINES TO PUMP ON COME APART
 AT RUBBER LINE, METAL LINE CONNECTION (RUBBER
 LINE AND CLIP INTACTED, ONE LINE MELTED 2-3"
 DOWN. TOP / CAP OF POWER STEERING RESIDUE
 MELTED & DEFORMED
 HOOD INSULATION BURNED AWAY OR MELTED
 ON TO TOP OF ENGINE.
 FUEL LINES INTACTED.
 TOP RADIATOR HOSE MELTED, FAN SHROUD BROKEN
 TOP OF BATTERY MELTED, REAR SIDE OF TOP
 WORSE
 TOP OF POWER CENTER (MAX FUSE AREA) MELTED WORSE
 ON DRIVER SIDE.
 WINDSHIELD BROKEN CENTER AREA, ASH DEBRIS
 ON INTERIOR SURFACES

This is Jeff Smith from Philip D. Smith & Associates. I'm going to be taking a recorded statement from Miss [REDACTED] regarding the March 16th, 2003 incident involving a 1995 Jeep Grand Cherokee that was involved in a collision and reportedly burst into flames on impact.

JS = Jeff Smith

LG = [REDACTED]

JS: Miss [REDACTED], you understand I'm going to be recording this?

LG: Yes.

JS: And do I have your permission to do so?

LG: Yes.

JS: Okay. Can I get your full name, please?

LG: [REDACTED]

JS: Okay. And your current address, please?

LG: [REDACTED] Chappaqua, New York, [REDACTED]

JS: Okay. And the telephone number I'm reaching you at?

LG: [REDACTED]

JS: Okay. And I take it you currently reside at [REDACTED] and at the time of this incident you also resided at [REDACTED]

LG: Yes.

JS: Okay. And you recall the accident I'm talking about?

LG: Yes.

JS: Okay. And at some point on or about March 19th, 2003 do you recall filling out a report or calling into the U.S. DOT about this 1995 Jeep?

LG: Yes.

JS: Okay. And did you own the involved 1995 Jeep?

LG: I'm not sure if it was in mine or my husband's name, to be honest.

JS: Okay. So either you or your husband. Was it leased or --

LG: Yes, it was one or the other. I don't know whose name was --

JS: Okay. Do you know if you leased it or you were owning it at that time?

LG: Owning it. Own it.

JS: Okay. And when you took possession of the vehicle initially, was it brand new?

LG: Yes.

JS: Okay. Did you guys, up to the time of this incident on March 16th, 2003, did you guys make any alterations or changes to the vehicle at all?

LG: No.

JS: Okay.

LG: No, besides regular maintenance, no.

JS: Right. Okay. So you didn't put in a tow kit or change the transmission or do anything like that?

LG: No.

JS: Okay. And who was the primary operator, user of the vehicle?

LG: Me.

JS: Okay. And prior to this March 16th, 2003 incident, had you had any problems with the vehicle?

LG: Not to my knowledge, no.

JS: Okay. Any indications of a problem, anything that was recurring or anything that you took back to the dealer for more than once or, you know, any problems? You know, lights coming on, that didn't seem to come on, that, you know, no real reason? Anything that you remember.

LG: Yeah, it's hard to remember, it was so long ago.

JS: I understand.

LG: I don't remember --

JS: Okay.

LG: -- anything. I mean, we -- it was my -- that was my car.

JS: Okay.

LG: I loved it. I don't remember having any major problems with it.

JS: Okay. And do you recall complaining to anybody or if you were at the dealer, you know, saying that there was anything wrong or you were having any problems, anything like that?

LG: No.

JS: Okay.

LG: I don't remember that.

JS: And how did you first become aware of the March 16th, 2003 accident? As I said, it wasn't clear on the sheet whether you were involved or not, but just speaking before the recording, you indicated you were involved.

LG: Yeah. Well, we were hit by somebody who ran a light.

JS: Okay.

LG: I mean, not a light, a stop sign.

JS: Okay.

LG: And hit into us and, you know, when we came to a stop, the car, the whole -- like the front --

JS: Uh-hum.

LG: -- it was slammed coming out and I had -- like and I had a baby in the back and --

JS: Uh-hum.

LG: -- you know, trying to get him out and trying to get the kids out and then the whole thing just -- like we got out and the whole front just went up.

JS: Okay. So it --

LG: The air bag didn't go off. That was my other complaint.

JS: The air bags didn't go off? Okay. And can you just tell me, who was in the car? You were a front seat passenger?

LG: Yes.

JS: Okay. And who was operating the vehicle?

LG: My husband.

JS: Okay. And can I just have your husband's first name?

LG: [REDACTED]

JS: All right. And the occupants in the back where you mentioned you had an infant in the back?

LG: Well, he was less than two.

JS: Okay. And that was your --

LG: My son.

JS: -- son?

LG: And two daughters.

JS: Okay. Oh, they were all in the car?

LG: Yeah.

JS: Okay. So a total of five people in the vehicle?

LG: Yes.

JS: Okay. And where did the accident occur?

LG: I think it was Olmsted Avenue in the Bronx.

JS: Olmsted Avenue in the Bronx. And did the police come?

LG: Yes.

JS: Okay. You don't happen to know what department that was, do you, New York City Police Department? Do you know anything else? I don't know if --

LG: Like maybe the 43rd 'cause that's what's around there.

JS: Oh, okay. All right. So it was the New York City Police Department.

LG: Yeah.

JS: Okay. And so when you were traveling on -- you were on Olmsted?

LG: Yes.

JS: And a vehicle came from an adjacent street or an intersecting street?

LG: Yes, from, yeah, a side street.

JS: Okay.

LG: We didn't have a stop sign. They did.

JS: Okay. So the other vehicle ran a stop sign?

LG: Right.

JS: Okay. And when the vehicle made contact with your vehicle --

LG: Uh-hum.

JS: -- did it hit you on the driver's side or the passenger's side?

LG: Drive -- the driver's.

JS: Okay. So they came from your left?

LG: Yes.

JS: Okay. And when the vehicle struck you, did they make contact with the front of your vehicle, the side? What --

LG: That I'm -- I mean, I believe it was between the front and the pass -- and the driver's side.

JS: Driver's door?

LG: Driver's door, right.

JS: Okay. So more at the front of the vehicle, like on the front fender area?

LG: Yeah.

JS: Okay.

LG: Well, between the two, like right in the middle.

JS: Okay. And do you remember about what time of day this was?

LG: Probably about 1:00 in the afternoon.

JS: Okay.

LG: 2:00, maybe. Yeah, around there.

JS: Okay. And after your vehicle was struck on the driver's side, did you collide with anything else? Were you knocked into anything else?

LG: No.

JS: Okay. And did you have any witnesses to the incident? Did anybody witness it or come out and tell you that they saw something?

LG: Yeah, a lot -- yeah, a lot of people did.

JS: Okay. So a lot of witnesses?

LG: A lot of witnesses, but the police couldn't care less because there was a no -- it's a no-fault state and it doesn't really matter.

JS: Okay.

LG: That's what they told us, but we did have a lot of witnesses even coming out of their apartments saying that they saw this guy run the stop sign.

JS: Okay.

LG: But I don't -- I mean, you don't care about that.

JS: Well, in fact, we do. We're just trying to see. Did anybody give you their name? Did anybody come forward? Did you identify --

LG: Yes, we did get names --

JS: -- any witnesses?

LG: -- but that was a long time ago.

JS: Yeah. I didn't know if you wrote it down or anything like that.

LG: We definitely got names.

JS: Okay. But you don't know where those are anymore.

LG: No, no. I don't know. I can ask my husband, but --

JS: Okay. Did the police produce an accident report?

LG: Yeah.

JS: Okay.

LG: I'm pretty sure they did.

JS: Did you ever get a copy of it?

LG: I don't know. I can ask my husband.

JS: Okay. When we're done I'll leave you my information.

LG: Okay.

JS: And then you can just let me know if you happen --

LG: Okay.

JS: -- to come across that. And so we already said there was only two vehicles involved in the accident.

LG: Yes.

JS: Okay. And then obviously the vehicle was just being used for normal travel. This is not off-road or anything like that.

LG: Right.

JS: This is just normal travel.

LG: Yeah, no.

JS: Any idea, about how long had you been driving prior to the accident occurring?

LG: Driving --

JS: How long had you been actually just constantly driving? Was it a few hours, just --

LG: Oh, no --

JS: -- a few minutes?

LG: -- forty minutes. We were just coming from our house and going to my parents' so --

JS: You weren't towing anything or anything like that?

LG: No, no.

JS: Okay. And the vehicle never rolled over?

LG: No.

JS: Okay. And do you know about the speed you were traveling at the time of the accident? And I know this is just an estimate.

LG: Between twenty-five and thirty.

JS: Okay. And any idea of the speed on the other vehicle?

LG: We were told about fifty.

JS: Oh, okay. So I take it that would have been speeding?

LG: Yeah.

JS: Okay.

LG: That's what we were told. I mean, I don't know how they can figure that out.

JS: Right, right. And at the time of the accident was your vehicle stopped, just barely moving or you said about twenty, twenty-five miles an hour --

LG: Yeah.

JS: -- so you weren't stopped?

LG: We weren't stopped.

JS: Okay.

LG: He came out of nowhere.

JS: Okay. And when you first saw fire, where did you first notice it coming from?

LG: The hood, like between the windshield and the hood.

JS: Okay.

LG: The flames started coming out.

JS: So it wasn't towards the front of the vehicle? It was more back towards the fire wall right there where the windshield connects to --

LG: The hood and the windshield.

JS: Okay.

LG: They were coming out the windshield and then eventually it, of course, spread.

JS: Okay. And I don't know if you recall this or not. Do you recall what color the flames were? Were they orange, blue, green; do you recall?

LG: No, I don't, no.

JS: Okay. Did you notice like any smoke or anything before the fire? And again, I know it was a long time ago.

LG: Yeah.

JS: There's an accident, there's a lot going on. I'm just trying to see if you happen to remember any of this. Was there smoke before the fire?

LG: I don't remember smoke before the fire. I just remember seeing the flames and -- but, you know, you gotta remember we probably -- was trying to get everybody out.

JS: I am sure. You've got a family there. You're not worried about what color the flames are.

LG: Exactly.

JS: You just know there's flames. And after the accident -- and, again, I know this is tough -- how soon after the accident did the fire start?

LG: As soon as we came to a stop.

JS: Uh-hum.

LG: That's when it started.

JS: Okay.

LG: You know, like the car was pushed however many feet and then that's when the flames started.

JS: Right. Were you smelling anything?

LG: No.

JS: Okay. And, of course, fuel, anything like that; were you smelling anything like that?

LG: No.

JS: Okay. And so you managed to get everyone out, I'm certainly hoping?

LG: Yeah, yes.

JS: Okay. Was anybody injured?

LG: Not terribly, no.

JS: Okay.

LG: You know, with those seat belts and that, my daughter hurt her leg but --

JS: Sure.

LG: -- you know, we just were checked out and --

JS: Okay. So everybody's fine, then.

LG: Yeah.

JS: Was anybody burned in any way?

LG: No, no.

JS: Okay. When you got out, did you happen to see any fluids draining away from the vehicle in flames, anything like that?

LG: I didn't because people were pulling us away --

JS: Okay.

LG: -- like, you know, as fast as we can. They were -- and they made us go like all the way down the block 'cause they thought it was gonna blow up.

JS: Okay. So how did the fire proceed? Did it proceed to go out or what happened?

LG: Oh, no, the fire department came.

JS: Okay.

LG: Yeah, it wasn't little. It was huge.

JS: How much of the vehicle became involved?

LG: Whether the -- whether it got to the seats or not, I'm not sure.

JS: Uh-hum.

LG: I mean, definitely the whole front.

JS: Okay.

LG: And they were pretty quick. Actually, they were down the block.

JS: The fire department came?

LG: Yeah.

JS: And was that the New York City Fire Department also?

LG: Yes.

JS: Okay. So you guys moved away from the vehicle?

LG: Yeah, as quick as we could.

JS: Close enough -- were you watching what was going on with it or not really?

LG: My husband probably was, but I was just trying to keep the kids calm.

JS: Okay. Now, the extent of the damage to the Jeep, how extensive was it? Was it totaled or fixable?

LG: No, it's definitely totaled.

JS: Okay. It was completely totaled.

LG: Yeah.

JS: Okay. And did an ambulance come to the scene?

LG: Yes.

JS: Okay. Was there any of your folks that were with you transported, any of your family?

LG: Yeah, two of us.

JS: Okay.

LG: Yeah, that was something that was required because we -- I don't know, they made us go in the ambulance.

JS: Okay. And did you take any photos at all of the scene, what was going on?

LG: No, no.

JS: Okay. Do you know if anyone did or did you notice?

LG: I did not.

JS: Okay.

LG: I doubt -- I mean, this was actually even before like the major cameras on the cell phones.

JS: Right, right. And do you know how they put the fire out? Was this put out by the fire department or --

LG: Yes.

JS: -- did it just go out or --

LG: No, the fire department.

JS: Okay. What happened to the vehicle, any idea?

LG: It -- where was it towed, you mean?

JS: Yeah. What happened after the accident with the vehicle? Do you know where it went?

LG: Again, you just probably should have my husband on the phone 'cause he's the one who went and picked up whatever they can salvage out of the car.

JS: Right.

LG: He probably knows where it was towed to. I don't. Somewhere in the Bronx.

JS: Okay. And was there ever a determination, did anybody ever inspect it and come back and tell you what happened, how this fire started?

LG: No.

JS: Okay. Anybody with the insurance company or anything like that?

LG: Nope.

JS: Do you recall who your insurance company was at the time of this accident?

LG: Yes, State Farm.

JS: State Farm. Okay. Do you know, did they ever inspect the vehicle or look at it or come back and tell you anything about what happened?

LG: Not to my knowledge, no.

JS: Okay. And was there ever a lawsuit or anything filed here, you against the other driver, anything like that?

LG: No.

JS: Okay. All right. And do you know who ultimately took possession of the vehicle, you know, if it was State Farm? You don't happen to recall what the other insurance company was, the other car's insurance company?

LG: I want to say they didn't have any --

JS: Oh, you're kidding.

LG: -- but I'm not sure. I'm not sure on that.

JS: Okay.

LG: But I want to -- I'm half thinking --

JS: Oh, boy.

LG: -- (inaudible) but I'm not sure.

JS: Okay.

LG: I'm sorry. Really should like have my husband on the phone.

JS: Oh, that's okay. That's okay.

LG: He's better at this stuff than I am.

JS: Do you think it would be okay if I did speak to your husband?

LG: Yeah.

JS: Okay. And in the end, how was the situation resolved? You know, the vehicle obviously was totaled.

LG: Right.

JS: You were compensated somehow, I would assume, by your insurance company.

LG: Right.

JS: And from what you recall, the other people didn't even have an insurance company.

LG: That I recall. I mean, they may -- may have, but I don't -- for some reason --

JS: Okay.

LG: -- that's --

JS: Well, you may have just went through your insurance company anyways.

LG: Yeah.

JS: Well, Mrs. ██████, the last thing I had to ask you is, can I get your date of birth, please?

LG: Sure. ██████

JS: Okay. All right. Well, thank you very much, Mrs. Glazer. If you could just affirm for me that everything you've told me here today is the truth to the best of your knowledge and recollection?

LG: Yeah, to the best of my knowledge.

JS: Okay. I'm going to turn off the tape right now.

LG: Okay.



Confidential Preliminary Vehicle Investigation Report

REF # **6021562**

YEAR 2000	MODEL SEEP GRAND CRO	VIN 1T4AZL491Y1C1	REGISTRATION STATE MS	REGISTRATION NO. 412010518	REGISTRATION DATE 01-26-00
SELLING DEALER NAME JACKSON		DEALER ADDRESS TOM WIMBERLEY AUTOMOBILE	DEALER PHONE 601-372-6191	DEALER STATE MS	REPAIR ESTIMATE \$ TOTAL COLL. 835,000
CHRYSLER REPRESENTATIVE HENRY WADDER (601)		PHONE 601-372-6191			

INTERVIEW

INTERVIEW WITH: DRIVER OWNER OTHER

NAME: [REDACTED] INTERVIEW DATE: **NA** DATE OF INCIDENT: **02/08/00** TIME OF INCIDENT: **8:20 AM** INSPECTION DATE: **02/24/00**


DESCRIPTION OF EVENT: (INCLUDING WEATHER CONDITIONS AND ROAD SURFACE)
PAVED ROAD - DRY WEATHER - DRIVER WAS TRAVELING SOUTH ON PAVED ROAD WHEN A WEST BOUND VEHICLE RAN RED LIGHT STRIKING OWNERS VEHICLE IN LEFT SIDE NEAR LEFT WINDSHIELD PILEUP CAUSING OWNERS VEHICLE TO SPIN AND STRIKE A LIGHT POLE IN LEFT REAR OF VEHICLE.

Personal Injury: Were there Personal Injuries? Yes No If yes, complete section "L."

IMPORTANT: SHOW TO NO ONE & DRAW NO CONCLUSIONS

- DIRECTIONS:**
- FILL OUT UPPER PART OF FORM.
 - FOR "FIRE" USE FORM 84-130-6950.
 - FOLLOW INSTRUCTIONS FOR SECTION "A" ON ALL VEHICLES.
 - FOLLOW INSTRUCTIONS FOR SPECIFIC ALLEGATIONS FOR THIS VEHICLE.
 - ATTACH ANY ADDENDUMS TO REPORT AND STATE SECTION IT PERTAINS TO.

- COMMENTS:**
- NOTE ANY MISSING COMPONENTS AND WHO REMOVED THEM.
 - NOTE ANY AFTERMARKET EQUIPMENT INSTALLED AND BY WHOM.

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION	
A	<input type="checkbox"/> From center of vehicle front every 45 degrees (8 total) <input type="checkbox"/> If crash damaged - perspective from every corner of vehicle down both original lateral sight lines. (8 total)  <input type="checkbox"/> Send neg. & 2 sets of prints	<input checked="" type="checkbox"/> Police report ATTACHED <input checked="" type="checkbox"/> Vehicle service file NA <input type="checkbox"/> Any reports/photos by others NO <input checked="" type="checkbox"/> Location of inspection - TOM WIMBERLEY AUTOMOBILE JACKSON, MS.	<input type="checkbox"/> Driver's and/or occupant's description of incident <input type="checkbox"/> What? When? Where? How? <input type="checkbox"/> Exact order of events <input type="checkbox"/> Did this happen before?	<input type="checkbox"/> Complete exterior damage diagram and measurements on last page.
B	<input type="checkbox"/> Steering Wheel <input type="checkbox"/> Airbag(s) <input type="checkbox"/> Knee Blockers <input type="checkbox"/> All possible body contact areas <input type="checkbox"/> All code readings using DRB II	<input type="checkbox"/> Record. <input checked="" type="checkbox"/> Was Airbag deployed? Driver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passenger <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Type of Steering Wheel <input checked="" type="checkbox"/> TR <input type="checkbox"/> Std. <input checked="" type="checkbox"/> Condition of Steering Wheel SHOCKED BENT <input checked="" type="checkbox"/> Condition of Steering Wheel Mounting (measure column collapse) DAMAGED	<input type="checkbox"/> Use DRB II <input type="checkbox"/> Record Existing Readings 1 _____ 2 _____ <input type="checkbox"/> Record Stored Readings 1 _____ 2 _____ 3 _____ <input type="checkbox"/> Important: DO NOT ERASE DRB II READINGS.	<input type="checkbox"/> Evidence of tampering or disassembly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NOT ABLE TO ACCESS CONNECTION FOR EXTRACTION OF CODES DUE TO SEVERITY OF DAMAGE.

Confidential

REF # 682662

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
C Sudden Acceleration or Throttle Hold	<input type="checkbox"/> Accelerator Pedal <input type="checkbox"/> Throttle Cable <input type="checkbox"/> Return Springs <input type="checkbox"/> Floor Mats	<input type="checkbox"/> Describe any Accelerator Pedal interference with Carpet/Mat _____ _____ _____	<input type="checkbox"/> DRB II Tests <input type="checkbox"/> Disconnect Cable at Throttle Body/Carburetor lever; operate: <input type="checkbox"/> Lever <input type="checkbox"/> Cable <input type="checkbox"/> Any restricted motion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If safe and permitted to drive - attempt to duplicate and check Service Brakes at reported speed.
D Brakes	<input type="checkbox"/> Items in Information Block.	<input type="checkbox"/> Check and record Brake Fluid Level. _____ <input type="checkbox"/> Check and record if Vacuum Hoses is connected. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check and record for Brake Line Leaks. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pull Wheels, check Linings and record condition. _____ <input type="checkbox"/> Check Brake Pedal, does it set firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check operation of Parking Brake. <input type="checkbox"/> Check operation of ABS System.	With Engine off: <input type="checkbox"/> Apply Brake fully 3 or 4 times. <input type="checkbox"/> With light force held to Pedal, start the Engine. <input type="checkbox"/> Note reaction of Pedal and record: _____ <input type="checkbox"/> ABS System DRB II test readouts _____
E Steering	<input type="checkbox"/> Complete Steering System including as required: • Rack & Pinion • Linkage • CV & Universal Joints • Column • Belts & Pulleys	<input type="checkbox"/> Record if: <input type="checkbox"/> Manual Steering <input type="checkbox"/> Power Steering <input type="checkbox"/> Check Fluid Level _____ <input type="checkbox"/> Record if Drive Belt is tight <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check for Hoses/System leaks <input type="checkbox"/> Yes <input type="checkbox"/> No Leaks <input type="checkbox"/> Check condition of Steering Linkage from Wheels to Steering Column, record deformation or loose connections. _____ _____	<input type="checkbox"/> Unlock key and turn Wheels fully right and left. <input type="checkbox"/> If safe, start Engine and turn Wheels fully right and left. <input type="checkbox"/> Record Steering function.
F Transmission	<input type="checkbox"/> Entire Transmission with pictures and closeup of leaks, if any.	<input type="checkbox"/> Record: Type of Transmission? <input type="checkbox"/> Auto <input type="checkbox"/> Std. How many Speeds? <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Record Gear Shift location at time of inspection _____ <input type="checkbox"/> Run Shift Lever thru all shift positions and record "Feel of Gating" _____ <input type="checkbox"/> Is Shift Indicator properly aligned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If safe and permitted to drive vehicle: <input type="checkbox"/> Drive Vehicle and record feel of Gear during each Gear Shift _____ _____ <input type="checkbox"/> Does Parking Pawl engage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If lockup is alleged - check rotation of Transmission in all Gears. <input type="checkbox"/> Check starting ability in park and neutral. Check to see that start does not occur in other selector positions.
G Engine Start/Drivability	<input type="checkbox"/> Complete Engine Compartment including as required: • Underhood Emissions Label • Engine Wiring Connections • Vacuum Hoses • Fuel Lines • Exhaust System • Spark Plugs • Connections	<input type="checkbox"/> Record type of Spark Plugs (location of unique plug). _____ _____ _____ _____	If safe and permitted to: <input type="checkbox"/> Try to duplicate Allegation Off Highway <input type="checkbox"/> DRB II or I/P Fault Code Test _____ _____

NA

NA

NA

NA

NA

Confidential

REF # 681562

ALLBO.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
H	<input type="checkbox"/> Overall of seat belts I/B and O/B. <input type="checkbox"/> Close ups of any irregularities on belts. <input type="checkbox"/> Shoulder Belt Pendulum <input type="checkbox"/> Latchplate wear <input type="checkbox"/> Close up of D-ring to show belt loading.	<input type="checkbox"/> Locate seat belt labels and record ALL information (Some labels are sewn to webbing, other labels are on retractor frame. <u>In Use AND WORKED PROPERLY</u> <input type="checkbox"/> Record ALL information stamped on latchplate.	If allowed, function belts to insure they FUNCTION PROPERLY, note results: Do they latch? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they release properly? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they retract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does Inertia Pendulum swing freely? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>UNABLE TO</u> <u>TO CHECK LATCHES</u>

I	<input type="checkbox"/> Overall of seat <input type="checkbox"/> Close ups of damage N/A	<input type="checkbox"/> Existing location of recliner - number of teeth from rear of sector gear to rear edge of Pawl (crayon mark location). <input type="checkbox"/> Existing location of seat adjuster (window or tooth location from rear of adjuster). <input type="checkbox"/> Existing location of head restraint (measure gap under head restraint).	<input type="checkbox"/> If allowed, adjust all functions of seat and return to original location <input type="checkbox"/> Describe functions <input type="checkbox"/> Note any irregular orientations
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Tire	Record:	Front Left	Front Right	Rear Left	Rear Right
		<input type="checkbox"/> Each Tire with visible location label, insuring all Tire identification and Tread wear is documented. <input type="checkbox"/> All damaged Wheel and Rim area including impacted foreign material.	<input type="checkbox"/> Tire Size <input type="checkbox"/> Brand <input type="checkbox"/> Ratings <input type="checkbox"/> DOT No. (I/B Side) <input type="checkbox"/> Rim Size <input type="checkbox"/> Tread Depth		

N/A

K	<input type="checkbox"/> Entire Axle and close up of Leaks N/A	While on hoist: <input type="checkbox"/> Rear Wheel Drive Record amount of Lateral Axle Movement on each side and w/ll Wheels turn <input type="checkbox"/> Trans. Axle - rotate Wheels <input type="checkbox"/> Note function
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L	<input checked="" type="checkbox"/> Windshield <input checked="" type="checkbox"/> All areas of occupant contact on interior and exterior. <input checked="" type="checkbox"/> Close ups of stains, skin, hair, cloth <input checked="" type="checkbox"/> Exterior and interior damage	<input type="checkbox"/> See Seat Belt/Seats if applicable <input type="checkbox"/> Occupant contact description <u>NO EVIDENCE OF OCCUPANT CONTACT WITH WINDSHIELD - REAR OF HEADREST</u>
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ADDITIONAL COMMENTS

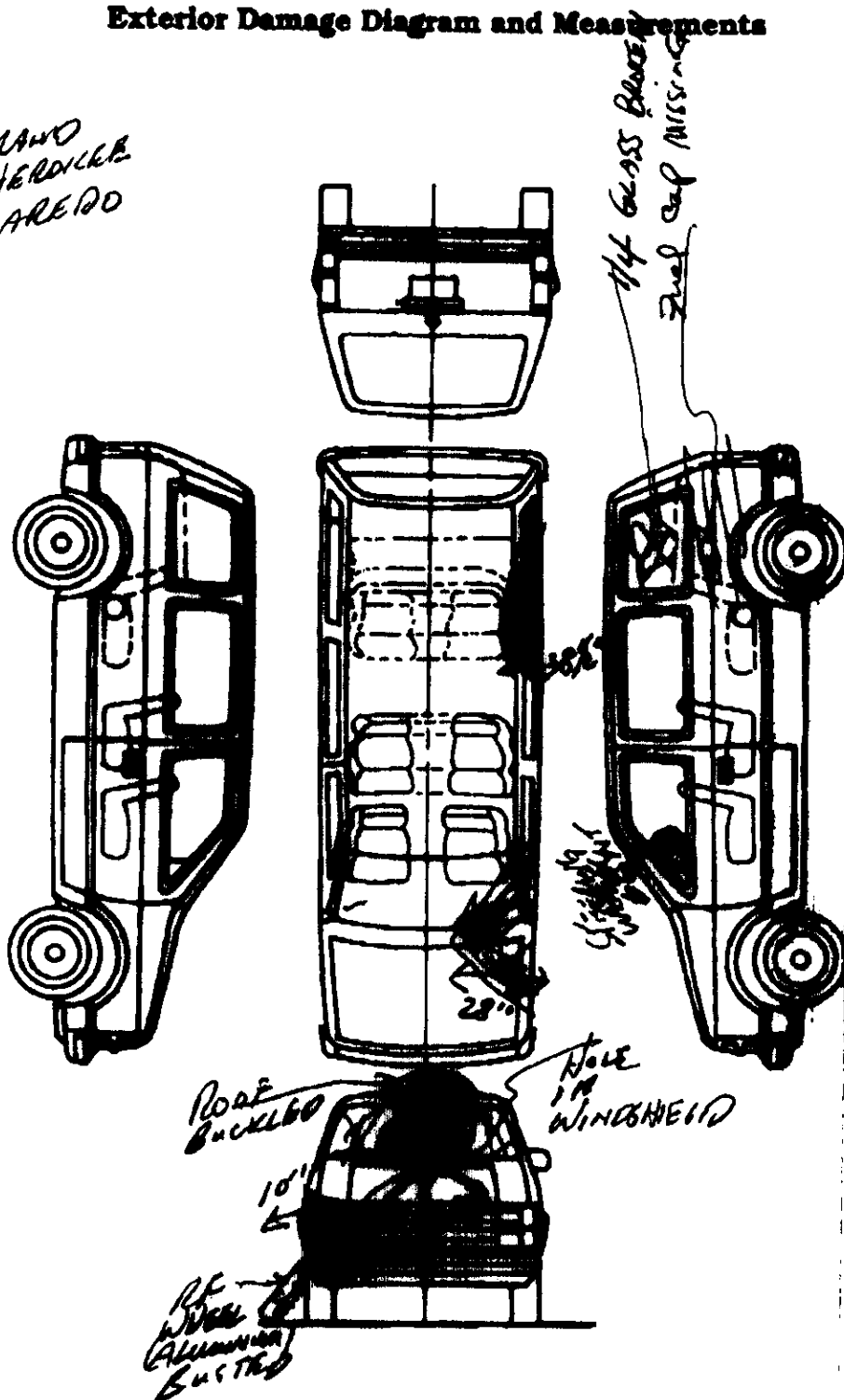
DISCUSSED WITH INVESTIGATOR MURPHY - THERE WAS STILL FAINT ODDOR OF GASOLINE IN LEFT REAR SEAT AREA. NO DAMAGE TO FUEL TANK. IT APPEARED TO BE RESULT OF FUEL FILLING CAP BEING PULLED FROM FILLER NECK AND GASOLINE SLOSHING THROUGH QUARTER WINDOW OPENING, WHICH HAD SHATTERED IN COLLISION. THERE WAS NO LEAKING FROM FUEL TANK OR LINES WHERE UNIT WAS PARKED.

Confidential

REF. # 682562

Exterior Damage Diagram and Measurements

2000 GRAND CHEROKEE LAREDO



Sketch damage on all views. Include dimensions to describe and locate each damaged area and maximum depth of penetration for each impact. Annotate observations which might be useful in reconstructing the accident (e.g., direction of scrapes, markings on tires and wheels, etc.). Take photographs.

MISSISSIPPI UNIFORM ACCIDENT REPORT

54 CASE NUMBER (DPS USE ONLY) **Ridgeland P.D.** 56 CORE **4504** 57 STATION PRECINCT / ZONE **01** 58 CASE NUMBER LOCAL AGENCY AND/OR OFFICER'S NAME / BADGE NUMBER **00-0637 Myers P-58**

59 DATE OF COLLISION
 MONTH **02** DAY **08** YEAR **00**
 60 DAY OF COLLISION
 S M T W TH F S S
 61 TIME (USE 24 HOUR) **2020** 62 NO. OF VEHICLES **02** 63 TRUCKS KNITTED **00** 64 NUMBER REPORTED **02** 65 YEAR (USE 2000-2019) **2023** 66 COUNTY **Madison**
 67 CITY / TOWNSHIP **Ridgeland** 68 NEAREST HWY / GOV. ETC. **Peer Orchard**

69 TYPE OF COLLISION
 70 INVOLVED
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 100 TYPE OF COLLISION

101 NAME (LAST, FIRST, MIDDLE) **Jackson** 102 STATE **MS** 103 SEX **M** 104 HEIGHT (FEET) **5** 105 WEIGHT (POUNDS) **173** 106 HAIR **B** 107 EYES **B** 108 RACE **M** 109 SEX **M** 110 STATE **MS** 111 HEIGHT (FEET) **5** 112 WEIGHT (POUNDS) **173** 113 HAIR **B** 114 EYES **B** 115 RACE **M**

116 SOCIAL SECURITY NO. **[REDACTED]** 117 SOCIAL SECURITY NO. **[REDACTED]** 118 SOCIAL SECURITY NO. **[REDACTED]** 119 SOCIAL SECURITY NO. **[REDACTED]**

120 INSURANCE CO. OR AGENT **Akin Ins** 121 INSURANCE CO. OR AGENT **[REDACTED]** 122 INSURANCE CO. OR AGENT **[REDACTED]** 123 INSURANCE CO. OR AGENT **[REDACTED]**

124 PLACE OF EMPLOYMENT **Student Jackson Prep** 125 PLACE OF EMPLOYMENT **[REDACTED]** 126 PLACE OF EMPLOYMENT **[REDACTED]** 127 PLACE OF EMPLOYMENT **[REDACTED]**

128 OWNER'S LAST NAME **Jackson** 129 OWNER'S LAST NAME **[REDACTED]** 130 OWNER'S LAST NAME **[REDACTED]** 131 OWNER'S LAST NAME **[REDACTED]**

132 MAKE OF VEHICLE **Jeep** 133 MAKE OF VEHICLE **[REDACTED]** 134 MAKE OF VEHICLE **[REDACTED]** 135 MAKE OF VEHICLE **[REDACTED]**

136 YEAR OF VEHICLE **00** 137 YEAR OF VEHICLE **[REDACTED]** 138 YEAR OF VEHICLE **[REDACTED]** 139 YEAR OF VEHICLE **[REDACTED]**

140 VEHICLE REMOVED TO **[REDACTED]** 141 VEHICLE REMOVED TO **[REDACTED]** 142 VEHICLE REMOVED TO **[REDACTED]** 143 VEHICLE REMOVED TO **[REDACTED]**

144 EST. PROP. DAMAGE **[REDACTED]** 145 EST. PROP. DAMAGE **[REDACTED]** 146 EST. PROP. DAMAGE **[REDACTED]** 147 EST. PROP. DAMAGE **[REDACTED]**

148 ALCOHOL DATA **[REDACTED]** 149 ALCOHOL DATA **[REDACTED]** 150 ALCOHOL DATA **[REDACTED]** 151 ALCOHOL DATA **[REDACTED]**

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1 - ORIG. AGENT

MATTER #
FILE TYPE VOQ
FILE NAME [REDACTED]
CAIR #
DATE OF INCIDENT 11/03/2002
DATE OF NOTICE
MODEL/MODEL YEAR 1999 Jeep Grand Cherokee (WJ)
VIN 1J4GW58S0XC [REDACTED]
MILEAGE 21,000
OWNER [REDACTED]
[REDACTED] Mayfield, Kentucky [REDACTED]
COURT
DOCKET #
FIRE ALLEGED Yes
DESCRIPTION The VOQ states: "Our Jeep 1999 was hit in rear end and burn[ed], hurting the driver badly. The gas tank exploded [sic] on impact [sic]."
PROPERTY DAMAGE ALLEGED No
INJURIES 1
FATALITIES 0
ANALYSIS Chrysler Group has no information regarding this accident other than the VOQ. Chrysler Group was unable to inspect the 1999 Jeep Grand Cherokee (WJ) and, as such, is unable to confirm that, as a result of the accident, the fuel tank ruptured or that the origin of the fire was at the fuel tank. Chrysler Group has also been unable to obtain a police accident report. Because Chrysler Group has limited information regarding the accident, it has not determined a likely relative velocity at impact of the vehicle that struck the rear of the Jeep Grand Cherokee (WJ) and is unable to draw any conclusions about the mass of the striking vehicle.





PE10-031-Chrysler-001226

MATTER #

FILE TYPE VOQ

FILE NAME [REDACTED]

CAIR #

DATE OF INCIDENT 10/01/2009

DATE OF NOTICE

MODEL/MODEL YEAR 2004 Jeep Grand Cherokee (WJ)

VIN 1J4GW48SX40 [REDACTED]

MILEAGE 129,000

OWNER [REDACTED]
[REDACTED], Kingwood, Texas [REDACTED]

COURT

DOCKET #

FIRE ALLEGED Yes

DESCRIPTION On October 1, 2009, the 2004 Jeep Grand Cherokee (WJ) was being operated by [REDACTED] on U.S. 90, with a posted speed limit of 50 mph, in Ames, Texas. The Jeep Grand Cherokee (WJ) was stopped at a traffic light when a 2003 Chrysler Sebring struck the rear of the Jeep Grand Cherokee (WJ) after the driver, David Bender, fell asleep at the wheel. A fire ensued. The Chrysler Sebring also struck another vehicle after the collision with the Jeep Grand Cherokee (WJ).

PROPERTY DAMAGE ALLEGED No

INJURIES 0

FATALITIES 0

ANALYSIS The 2004 Jeep Grand Cherokee (WJ) involved in the accident was not inspected and Chrysler Group is unable to confirm that, as a result of the accident, the fuel tank ruptured or that the origin of the fire was at the fuel tank. Based on the available information, including the police accident report and newspaper reports, Chrysler Group concludes that the relative velocity of the Chrysler Sebring at impact was approximately 50 mph or greater. The Chrysler Sebring likely struck the rear of the Jeep Grand Cherokee (WJ) at a right offset increasing the crash forces acting on the Jeep Grand Cherokee (WJ). The Chrysler Sebring also likely underrode the rear of the Jeep Grand Cherokee (WJ). The damage to the rear of the Jeep Grand Cherokee (WJ) and the front end of the Chrysler Sebring is depicted in the photographs in Enclosure 3 Bates Nos. PE10-031-Chrysler-001225-001226.

Not from Criminal Files

Law Enforcement and TxDOT Use ONLY

FATAL CHV INVOLVED SCHOOL BUS RELATED RAILROAD RELATED MEDICAL ADVISORY BOARD HIT AND RUN AMENDMENT/DOCKMENT



Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 140349, Austin, TX 78714

Form CR-2 (Rev. 03-08) (000-270)

PAGE 1 OF 4

PLACE WHERE CRASH OCCURRED: COUNTY LIBERTY, CITY OR TOWN AMES, LOD# , ORI# TX1460000, TADOT#

ROAD ON WHICH CRASH OCCURRED: US 90, BLOCK NUMBER, STREET OR ROAD NAME, ROUTE NUMBER OR STREET CODE, CONSTRUCTION ZONE WORKERS PRESENT, INTERSECTING STREET OR RR X'ING NUMBER, NOT AT INTERSECTION 35, MILES N S E W OF, OF FM 160, MILEPOST 880, LATITUDE 30.05365 N, LONGITUDE -94.74382 W.

DATE OF CRASH: OCTOBER 1 2009, DAY OF WEEK THURSDAY, HOUR 5:00, AM/PM

UNIT # 1, 1-MOTOR VEHICLE, 4-PEDESTRIAN, 7-NON-CONTACT, VIN# 1C3EL46X22N, ALTERED VEHICLE HEIGHT, YEAR MODEL 2002, COLOR & MAKE BLUE/CHRYLER, MODEL NAME SEBRING, BODY STYLE 4 DR SEDAN, LICENSE PLATE 09 TX, DRIVER'S NAME, DRIVER'S LICENSE TX, DRIVER'S ETHNICITY 1, TYPE OF ALCOHOL SPECIMEN TAKEN 4, TYPE OF DRUG SPECIMEN TAKEN 3, TEST RESULTS, LIABILITY INSURANCE LIBERTY COUNTY MUTUAL (800)526-1547, VEHICLE DAMAGE RATING VB-7

UNIT # 2, 1-MOTOR VEHICLE, 4-PEDESTRIAN, 7-NON-CONTACT, VIN# 1J4GW48BSX4C, ALTERED VEHICLE HEIGHT, YEAR MODEL 2004, COLOR & MAKE BLACK, MODEL NAME CHEROKEE, BODY STYLE 4 DR SUV, LICENSE PLATE 10 TX, DRIVER'S NAME, DRIVER'S LICENSE TX, DRIVER'S ETHNICITY 1, TYPE OF ALCOHOL SPECIMEN TAKEN 4, TYPE OF DRUG SPECIMEN TAKEN 3, TEST RESULTS, LIABILITY INSURANCE STATE FARM (800)252-2645, VEHICLE DAMAGE RATING VB-7

DAMAGE TO PROPERTY OTHER THAN VEHICLES: ROADWAY TX DOT, 209 LALY DRIVE, LIBERTY, TX 77575, FEET FROM CURB 0, DAMAGE ESTIMATE \$0

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED: NAME NONE, CHARGE, CITATIONS

TIME NOTIFIED OF CRASH 10/1/09 5:13 AM, HOW LCSO, TIME ARRIVED AT SCENE 10/1/09 5:45 AM, DATE OF REPORT 10/1/09, TYPED OR PRINTED NAME OF INVESTIGATOR T. DYSON, ID# 11195, AGENCY DPS-THP, DIST/AREA 2C08, REPORT COMPLETE YES NO

Form CR-0 (Rev. 0309)

SEAT POSITION 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT		SOLICITATION INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AND/OR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (NURSING, NURSING LICENSURE)		EJECTED 1-NO 2-YES 3-YES PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	RESTRAINT USED 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FORWARD FACING 5-CHILD SEAT, REAR FACING 6-CHILD SEAT, UNKNOWN	AIRBAG 1-NOT DEPLOYED 2-DEPLOYED, FRONT 3-DEPLOYED, SIDE 4-DEPLOYED, OTHER 5-UNKNOWN	HELMET USED 1-NOT DAMAGED 2-DAMAGED 3-DAMAGED, NOT DAMAGED 4-NOT WORN 5-UNKNOWN	INJURY SEVERITY 1-KILLED 2-MAJOR LAMENESS 3-MINOR LAMENESS 4-POSSIBLE INJURY 5-MINOR INJURY 6-NO INJURY 7-UNKNOWN
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UNIT # 1 TOWED DUE TO YES NO VEHICLE REMOVED TO CJ'S AUTOMOTIVE, 3920 BEAUMONT AVE., LIBERTY, TX 77575 BY CJ'S AUTOMOTIVE (936)336-9506

ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAME, POSITIONS, RESTRAINTS USED, ETC. HOWEVER IF IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	SEX	HAIR	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	HAIRY CODE
1	1	[REDACTED] KINGWOOD TX [REDACTED]	N	1	1	3	4	30	M	N
2										
3										
4										
5										

UNIT # 2 TOWED DUE TO YES NO VEHICLE REMOVED TO 1 ST CHOICE, 3920 BEAUMONT AVE., LIBERTY, TX 77575 BY 1 ST CHOICE (936)336-2617

ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAME, POSITIONS, RESTRAINTS USED, ETC. HOWEVER IF IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	SEX	HAIR	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	HAIRY CODE
6	1	[REDACTED] KINGWOOD, TX [REDACTED]	N	1	1	2	4	30	M	N
7										
8										
9										
10										

PCD, PEAC, NOT CONVICT, ETC	COMPLETE IF CASUALTY NOT IN MOTOR VEHICLE	ADDRESS	POB	DOB	REG STATE	DRIVER LICENSE	RESTRAINT	HELMET	AGE	SEX	HAIRY CODE

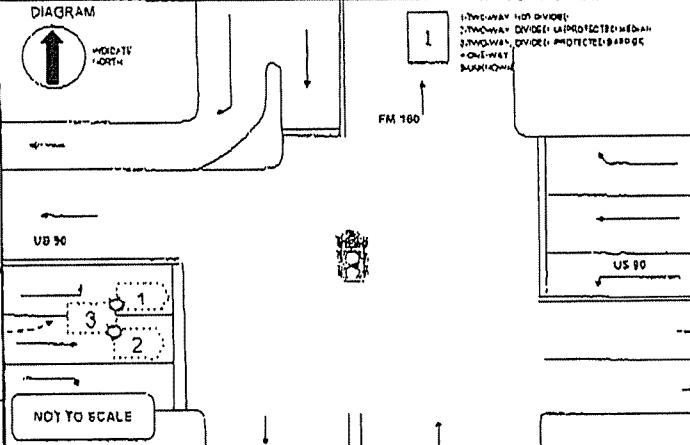
DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW			
ITEM#	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT
							0

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)
 Unit #1 was traveling EB on US 90. Unit #2 & Unit #3 was stopped at the red light at US 90 & FM 160. Driver of Unit #1 fell asleep & struck Unit #2 & Unit #3. The impact caused Unit #2 & Unit #1 to catch fire. Unit #1 & Unit #2 burned causing complete damage. Unit #3 received BL damage. No Injuries.

WITNESSES:



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

UNIT	FACTOR OR CONDITION	CONTRIBUTOR	UNIT	FACTOR OR CONDITION	CONTRIBUTOR	UNIT	FACTOR OR CONDITION	CONTRIBUTOR
1	1	40	1	3	1	3	1	1
2	1	3	1	2	3	1	2	1

VEHICLE DEFECTS

- 1-DEFECTIVE OR NO HEADLAMP
- 2-DEFECTIVE OR NO STOP LAMP
- 3-DEFECTIVE OR NO TAIL LAMP
- 4-DEFECTIVE OR NO TURN SIGNAL
- 5-DEFECTIVE OR NO MIRROR
- 6-DEFECTIVE OR NO WHEEL BRAKE
- 7-DEFECTIVE OR NO VEHICLE BRAKE
- 8-DEFECTIVE OR NO TRAILER HITCH

TRAFFIC CONTROL	ROADWAY RELATION	
1-NO CONTROL 2-STOP SIGN 3-STOP SIGN 4-STOP SIGN 5-STOP SIGN 6-STOP SIGN 7-STOP SIGN 8-STOP SIGN 9-STOP SIGN 10-STOP SIGN	1-NO ROADWAY 2-NO ROADWAY 3-NO ROADWAY 4-NO ROADWAY 5-NO ROADWAY 6-NO ROADWAY 7-NO ROADWAY 8-NO ROADWAY 9-NO ROADWAY 10-NO ROADWAY	
PART OF THE ROADWAY	ROADWAY ALIGNMENT	LIGHT CONDITION
1-NO PART OF ROADWAY 2-NO PART OF ROADWAY 3-NO PART OF ROADWAY 4-NO PART OF ROADWAY 5-NO PART OF ROADWAY 6-NO PART OF ROADWAY 7-NO PART OF ROADWAY 8-NO PART OF ROADWAY 9-NO PART OF ROADWAY 10-NO PART OF ROADWAY	1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-STRAIGHT ALLSLOPE 4-CURVE 5-CURVE 6-CURVE 7-CURVE 8-CURVE 9-CURVE 10-CURVE	1-NO LIGHT CONDITION 2-NO LIGHT CONDITION 3-NO LIGHT CONDITION 4-NO LIGHT CONDITION 5-NO LIGHT CONDITION 6-NO LIGHT CONDITION 7-NO LIGHT CONDITION 8-NO LIGHT CONDITION 9-NO LIGHT CONDITION 10-NO LIGHT CONDITION
TYPE OF ROAD SURFACE	WEATHER	SURFACE CONDITION
1-NO TYPE OF ROAD SURFACE 2-NO TYPE OF ROAD SURFACE 3-NO TYPE OF ROAD SURFACE 4-NO TYPE OF ROAD SURFACE 5-NO TYPE OF ROAD SURFACE 6-NO TYPE OF ROAD SURFACE 7-NO TYPE OF ROAD SURFACE 8-NO TYPE OF ROAD SURFACE 9-NO TYPE OF ROAD SURFACE 10-NO TYPE OF ROAD SURFACE	1-NO WEATHER 2-NO WEATHER 3-NO WEATHER 4-NO WEATHER 5-NO WEATHER 6-NO WEATHER 7-NO WEATHER 8-NO WEATHER 9-NO WEATHER 10-NO WEATHER	1-NO SURFACE CONDITION 2-NO SURFACE CONDITION 3-NO SURFACE CONDITION 4-NO SURFACE CONDITION 5-NO SURFACE CONDITION 6-NO SURFACE CONDITION 7-NO SURFACE CONDITION 8-NO SURFACE CONDITION 9-NO SURFACE CONDITION 10-NO SURFACE CONDITION

Law Enforcement and TxDOT Use Only

FATAL
 CMV INVOLVED
 SCHOOL BUS RELATED
 RAILROAD RELATED
 MEDICAL ADVISORY BOARD
 RIF AND RUM
 AMENDMENT / SUPPLEMENT

Not from Custodial Files



Texas Peace Officer's Crash Report

Form CR-3 (REV. 03/08) (1050-670)

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714
 Questions? Call: 512/486-6780

PAGE 3 OF 4

PLACE WHERE CRASH OCCURRED

COUNTY LIBERTY CITY OR TOWN AMES

IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES N S E W OF _____

LOC# _____
 ORI# TX1460000
 TxDOT # _____

ROAD ON WHICH CRASH OCCURRED US 90 CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT 50

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____

INTERSECTING STREET OR RR X'ING NUMBER _____ CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT _____

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____

NOT AT INTERSECTION 35 FT. MI. N S E W OF FM 160

MILEPOST 880 LATITUDE 30.05365 N.
 LONGITUDE -94.74382 W.

DATE OF CRASH OCTOBER 1 2009 DAY OF WEEK THURSDAY HOUR 5:00 AM PM

UNIT # 3 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER
 2-TRAIN 5-MOTORIZED CONVEYANCE 9-OTHER
 3-PEDALCYCLIST 6-TOWED

VIN# 1FTPW1456K ALTERED VEHICLE HEIGHT YES NO

YEAR MODEL 2005 COLOR & MAKE BLUE/FORD MODEL NAME F-150 BODY STYLE 4 DR PU LICENSE PLATE 10 TX

DRIVER'S NAME _____ DAYTON, TX _____

DRIVER'S LICENSE TX C N/A N/A 5/30/75 LICENSE STATUS 1

1-VALID 2-NOT VALID 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN

DRIVER'S ETHNICITY 1 1-WHITE 4-ASIAN 2-MEXICAN 3-BLACK 5-OTHER DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION LABORER

POUCE, FIREFIGHTER, EMB, OR EMERGENCY IF CHECKED PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 4 TEST RESULTS _____

TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED 3 TEST RESULTS _____ DRUG CATEGORY 1: _____ 2: _____

LESSEE OWNER SAME AS DRIVER #3

LIABILITY INSURANCE YES NO COLONIAL COUNTY MUTUAL (877)667-6877 VEHICLE DAMAGE RATING 6-BL-3

UNIT # _____ 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER
 2-TRAIN 5-MOTORIZED CONVEYANCE 9-OTHER
 3-PEDALCYCLIST 6-TOWED

VIN# _____ ALTERED VEHICLE HEIGHT YES NO

YEAR MODEL _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____

DRIVER'S NAME _____

DRIVER'S LICENSE _____ _____ _____ _____ _____ _____ DATE OF BIRTH _____

1-VALID 2-NOT VALID 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN

DRIVER'S ETHNICITY _____ 1-WHITE 4-ASIAN 2-MEXICAN 3-BLACK 5-OTHER DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____

POUCE, FIREFIGHTER, EMB, OR EMERGENCY IF CHECKED PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED _____ TEST RESULTS _____

TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED _____ TEST RESULTS _____ DRUG CATEGORY 1: _____ 2: _____

LESSEE OWNER _____

LIABILITY INSURANCE YES NO _____ VEHICLE DAMAGE RATING _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____

OBJECTS _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED

NAME NONE CHARGE _____ CITATION# _____

NAME _____ CHARGE _____ CITATION# _____

TIME NOTIFIED OF CRASH 10/1/09 5:13 AM HOW LCSO TIME ARRIVED AT SCENE 10/1/09 5:45 AM DATE OF REPORT 10/1/09

TYPED OR PRINTED NAME OF INVESTIGATOR T. DYSON ID# 11195 AGENCY DPS-THP DIST/AREA 2C08 REPORT COMPLETE YES NO

Form CR-1 (Rev. 03-09)

SEAT POSITION 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT	7-TWARD SEAT LEFT 8-TWARD SEAT CENTER 9-TWARD SEAT RIGHT 10-REAR AREA 11-OUTSIDE VEHICLE 12-UNKNOWN	SOLICITATION INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS BEYOND PROFESSIONAL EMPLOYMENT AS FROM AN ATTORNEY, CONTRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOUGHT, N=NO SOUGHT)	EJECTED 1-NO 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	RESTRAINT USED 1-SEATBELT & AIR BAG 2-SEATBELT ONLY 3-CHILD SEAT, FACING FORWARD 4-CHILD SEAT, FACING REAR 5-CHILD SEAT, UNKNOWN	AIRBAG 1-NOT DEPLOYED 2-DEPLOYED, FRONT 3-DEPLOYED, SIDE 4-DEPLOYED, OTHER 5-UNKNOWN	HELMET USE 1-NOT DAMAGED 2-DAMAGED 3-UNKNOWN, UNK. DAMAGE 4-UNKNOWN IF WORN 5-UNKNOWN	INJURY SEVERITY 1-FELT 2-MINOR 3-MODERATE 4-MAJOR 5-CRITICAL 6-FATAL
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UNIT # **3** TOWED DUE TO YES NO
 DISABLING DAMAGE NO VEHICLE REMOVED TO DAYTON, TX DRIVEN AWAY FROM SCENE BY DRIVER # **3**

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	BOI	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	HAIR	CODE
1	1	DAYTON, TX	N	1	1	2	4	34	M	N	
2											
3											
4											
5											

UNIT # TOWED DUE TO YES NO
 DISABLING DAMAGE NO VEHICLE REMOVED TO _____ BY _____

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	BOI	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	HAIR	CODE
6											
7											
8											
9											
10											

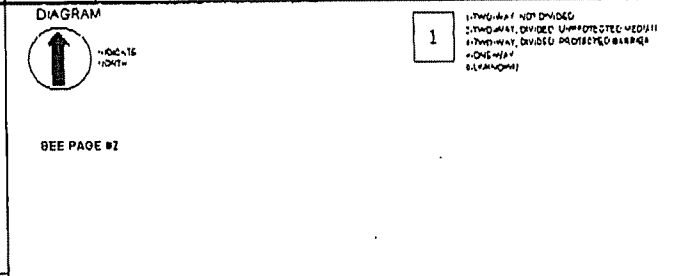
PED, PEDAL, MOTOR CONVET, ETC	COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	BOI	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	HAIR	CODE

DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW			
ITEM #	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT	# OF AMBULANCES INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT
							0

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY):
SEE PAGE #2



WITNESSES:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

VEHICLE	DRIVER	COPILOT	OTHER OCCUPANTS	VEHICLE DEFECTS	VEHICLE DEFECTS
3	1	2	3	1	2

VEHICLE DEFECTS

- 1- DEFECTIVE OR NO TIRE PRESSURE
- 2- DEFECTIVE OR NO TIRE TREAD
- 3- DEFECTIVE OR NO TIRE DEPTH
- 4- DEFECTIVE OR NO TIRE WIDTH
- 5- DEFECTIVE OR NO TIRE HEIGHT
- 6- DEFECTIVE OR NO TIRE TEMPERATURE
- 7- DEFECTIVE OR NO TIRE BALANCE
- 8- DEFECTIVE OR NO TIRE ALIGNMENT
- 9- DEFECTIVE OR NO TIRE TOE IN
- 10- DEFECTIVE OR NO TIRE TOE OUT
- 11- DEFECTIVE OR NO TIRE CASTER
- 12- DEFECTIVE OR NO TIRE SPOKE
- 13- DEFECTIVE OR NO TIRE HUB
- 14- DEFECTIVE OR NO TIRE DRUM
- 15- DEFECTIVE OR NO TIRE AXLE
- 16- DEFECTIVE OR NO TIRE SHOCK
- 17- DEFECTIVE OR NO TIRE STRUT
- 18- DEFECTIVE OR NO TIRE SWAY BAR
- 19- DEFECTIVE OR NO TIRE STABILIZER
- 20- DEFECTIVE OR NO TIRE COIL OVER
- 21- DEFECTIVE OR NO TIRE STEERING
- 22- DEFECTIVE OR NO TIRE BRAKING
- 23- DEFECTIVE OR NO TIRE SUSPENSION
- 24- DEFECTIVE OR NO TIRE CHASSIS
- 25- DEFECTIVE OR NO TIRE FRAME
- 26- DEFECTIVE OR NO TIRE BODY
- 27- DEFECTIVE OR NO TIRE INTERIOR
- 28- DEFECTIVE OR NO TIRE EXTERIOR
- 29- DEFECTIVE OR NO TIRE PAINT
- 30- DEFECTIVE OR NO TIRE DECALS
- 31- DEFECTIVE OR NO TIRE LETTERS
- 32- DEFECTIVE OR NO TIRE MARKS
- 33- DEFECTIVE OR NO TIRE STAMPINGS
- 34- DEFECTIVE OR NO TIRE IDENTIFICATION
- 35- DEFECTIVE OR NO TIRE RECORDS
- 36- DEFECTIVE OR NO TIRE MAINTENANCE
- 37- DEFECTIVE OR NO TIRE INSPECTION
- 38- DEFECTIVE OR NO TIRE REPAIRS
- 39- DEFECTIVE OR NO TIRE REPLACEMENTS
- 40- DEFECTIVE OR NO TIRE REMOVALS
- 41- DEFECTIVE OR NO TIRE INSTALLATIONS
- 42- DEFECTIVE OR NO TIRE STORAGE
- 43- DEFECTIVE OR NO TIRE TRANSPORT
- 44- DEFECTIVE OR NO TIRE HANDLING
- 45- DEFECTIVE OR NO TIRE PROTECTION
- 46- DEFECTIVE OR NO TIRE SECURITY
- 47- DEFECTIVE OR NO TIRE ACCESS
- 48- DEFECTIVE OR NO TIRE EGRESS
- 49- DEFECTIVE OR NO TIRE ENTRY
- 50- DEFECTIVE OR NO TIRE EXIT

NOT TO SCALE

TRAFFIC CONTROL	ROADWAY RELATION
1	1

PART OF THE ROADWAY	ROADWAY ALIGNMENT	LIGHT CONDITION
1	1	3

TYPE OF ROAD SURFACE	WEATHER	SURFACE CONDITION
2	1	1

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

UNIT #	FACTORS/CONDITIONS CONTRIBUTING		OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED		VEHICLE DEFECTS CONTRIBUTING		VEHICLE DEFECTS/MAY HAVE CONTRIBUTED	
	1.	2	3	1.	2	3.	1.	2
	1.	2	3.	1.	2	3.	1.	2

- 1-ANIMAL ON ROAD - DOMESTIC
- 2-ANIMAL ON ROAD - WILD
- 3-BACKED WITHOUT SAFETY
- 4-CHANGED LANE WHEN UNSAFE
- 5-13 SEE VEHICLE DEFECTS
- 14-DISABLED IN TRAFFIC LANE
- 15-DISREGARD STOP AND GO SIGNAL
- 16-DISREGARD STOP SIGN OR LIGHT
- 17-DISREGARD TURN MARKS AT INTERSECTION
- 18-DISREGARD WARNING SIGN AT CONSTRUCTION
- 19-DISTRACTION IN VEHICLE
- 20-DRIVER INATTENTION
- 21-DROVE WITHOUT HEADLIGHTS
- 22-FAILED TO CONTROL SPEED
- 23-FAILED TO DRIVE IN SINGLE LANE
- 24-FAILED TO GIVE HALF OF ROADWAY
- 25-FAILED TO HEED WARNING SIGN
- 26-FAILED TO PASS TO LEFT SAFELY
- 27-FAILED TO PASS TO RIGHT SAFELY
- 28-FAILED TO GIVE SIGNAL OR WRONG SIGNAL
- 29-FAILED TO STOP AT PROPER PLACE
- 30-FAILED TO STOP FOR SCHOOL BUS
- 31-FAILED TO STOP FOR TRAIN
- 32-FAILED TO YIELD ROW - EMERGENCY VEHICLE
- 33-FAILED TO YIELD ROW - OPEN INTERSECTION
- 34-FAILED TO YIELD ROW - PRIVATE DRIVE
- 35-FAILED TO YIELD ROW - STOP SIGN
- 36-FAILED TO YIELD ROW - TO PEDESTRIAN
- 37-FAILED TO YIELD ROW - TURNING LEFT
- 38-FAILED TO YIELD ROW - TURN ON RED
- 39-FAILED TO YIELD ROW - YIELD SIGN

- 40-FATIGUED OR ASLEEP
- 41-FAULTY EVASIVE ACTION
- 42-FIRE IN VEHICLE
- 43-FLEEING OR EVADING POLICE
- 44-FOLLOWED TOO CLOSELY
- 45-HAD BEEN DRINKING
- 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE)
- 47-ILL (EXP. IN NARRATIVE)
- 48-IMPAIRED VISIBILITY (EXP. IN NARRATIVE)
- 49-IMPROPER START FROM PARKED POSITION
- 50-LOAD NOT SECURED
- 51-OPENED DOOR INTO TRAFFIC LANE
- 52-OVERSIZE VEHICLE OR LOAD
- 53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE
- 54-PARKED AND FAILED TO SET BRAKES
- 55-PARKED IN TRAFFIC LANE
- 56-PARKED WITHOUT LIGHTS
- 57-PASSED IN NO PASSING ZONE
- 58-PASSED ON RIGHT SHOULDER
- 59-PEDAL MOT. CON. FTYROW TO VEHICLE
- 60-SPEEDING-UNSAFE (UNDER LIMIT)
- 61-SPEEDING OVER LIMIT
- 62-TAKING MEDICATION (EXP. IN NARRATIVE)
- 63-TURNED IMPROPERLY - CUT CORNER ON LEFT
- 64-TURNED IMPROPERLY - WIDE RIGHT
- 65-TURNED IMPROPERLY - WRONG LANE
- 66-TURNED WHEN UNSAFE
- 67-UNDER INFLUENCE - ALCOHOL
- 68-UNDER INFLUENCE - DRUG
- 69-WRONG SIDE APPROACH OR IN INTERSECTION
- 70-WRONG SIDE-NOT PASSING

- 71-WRONG WAY - ONE WAY ROAD
- 72-CELL/MOBILE PHONE USE
- 73-ROAD RAGE
- 74-OTHER FACTOR (WRITE ON LINE)

VEHICLE DEFECTS

- 5-DEFECTIVE OR NO HEADLAMPS
- 6-DEFECTIVE OR NO STOP LAMPS
- 7-DEFECTIVE OR NO TAIL LAMPS
- 8-DEFECTIVE OR NO TURN SIG LAMPS
- 9-DEFECTIVE OR NO TRAILER BRAKES
- 10-DEFECTIVE OR NO VEHICLE BRAKES
- 11-DEFECTIVE OR NO STEERING MECH
- 12-DEFECTIVE OR SLICK TIRES
- 13-DEFECTIVE TRAILER HITCH

REGISTER

DATE 10/6/89

NAME W

MASTER INDEX

AMOUNT

CURRENCY \$

CHECK/M.O. \$ 6.00

STATE WARRANT \$

WORK REQUESTED
Act-116 (Rev. 3/87)

RECEIPT NO.

Accident Rpt
CL# 1488

CUSTOMER COPY

PE10-031

Chrysler
Enclosure 3

Customer Assistance Inquiry Record (CAIR)#						19171811	
Vin	1J4G258S4	XC	Open Date	12/16/2009	Build Date	05/24/1999	
Model Year	99	Body	WJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	09/13/1999	Dealer	13833	Dealer Zone	E9	Mileage	1
Name:	[REDACTED]				Contact Type	LETTER	
Address	[REDACTED]			CALLE RESENOR #11	Home Phone	[REDACTED]	
	GURABO PR 00000				Country	UNITED STATES	

Product - Drivability - Unknown - Other - Default	
Referral - Legal - Default - Default - Default	

POSTMARK DATE: 121009; DATE RECEIVED: 121609

12.17.09
Pinto-Lugo, Oliveras & Ortiz
Attorney: Jeannette Lopez de Victoria 787-724-8103
Civil No: 09-1752 (FAB)
O/F: 560-2844B
Reassigned to Puerto Rico C/R (GBV) for review and handling.
Received documents for review and handling. GBV
added vin to cair. jss15.
On April/8/2010 the case was send to our legal counsel here P.R to
handling.

Customer Assistance Inquiry Record (CAIR)#**17418193**

Vin	1J4G258S4	XC	Open Date	04/15/2008	Build Date	05/24/1999	
Model Year	99	Body	WJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	09/13/1999	Dealer	13833	Dealer Zone	E9	Mileage	0
Name:					Contact Type	TELEPHONE	
Address				CALLE RESEÑOR #11	Home Phone		
	GURABO PR null				Country	PUERTO RICO	

Product - Drivability - Unknown - Other - Default

Fire law suit
On December/5/2008 received a resolution dismissing the and closing the
case.

Customer Assistance Inquiry Record (CAIR)#**17418193**

Vin	1J4G258S4	XC	Open Date	04/15/2008	Build Date	05/24/1999	
Model Year	99	Body	WJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	09/13/1999	Dealer	13833	Dealer Zone	E9	Mileage	0
Name:					Contact Type	TELEPHONE	
Address				CALLE RESEÑOR #11	Home Phone		
	GURABO PR null				Country	PUERTO RICO	

Product - Drivability - Unknown - Other - Default

Fire law suit
On December/5/2008 received a resolution dismissing the and closing the
case.

Customer Assistance Inquiry Record (CAIR)#						19171811	
Vin	1J4G258S4	XC	Open Date	12/16/2009	Build Date	05/24/1999	
Model Year	99	Body	WJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	09/13/1999	Dealer	13833	Dealer Zone	E9	Mileage	1
Name:	[REDACTED]				Contact Type	LETTER	
Address	[REDACTED]			CALLE RESEÑOR #11	Home Phone	[REDACTED]	9
	GURABO PR 00000				Country	UNITED STATES	

Product - Drivability - Unknown - Other - Default	
Referral - Legal - Default - Default - Default	

POSTMARK DATE: 121009; DATE RECEIVED: 121609

12.17.09
Pinto-Lugo, Oliveras & Ortiz
Attorney: Jeannette Lopez de Victoria 787-724-8103
Civil No: 09-1752 (FAB)
O/F: 560-2844B
Reassigned to Puerto Rico C/R (GBV) for review and handling.
Received documents for review and handling. GBV
added vin to cair. jss15.
On April/8/2010 the case was send to our legal counsel here P.R to
handling.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO**

**CARLOTA ASENCIO LUCIANO, HER
HUSBAND, FERNANDO J. GONZALEZ,
THEIR MINOR CHILDREN,
FERNANDO GONZALEZ ASENCIO AND
CARLA GONZALEZ ASENCIO, THE
CONJUGAL PARTNERSHIP
GONZALEZ-ASENCIO, JAVIER
ASENCIO AND CARLOTA LUCIANO**

Plaintiffs

vs.

**CHRYSLER CORP., LLC, DAIMLER
CHRYSLER, A AND B INSURANCE
COMPANIES, X AND Z
MANUFACTURERS**

Defendants

CIVIL NO. 09-1752 (FAB)

**PLAINTIFF DEMANDS TRIAL BY
JURY**

COMPLAINT

TO THE HONORABLE COURT:

COME NOW Plaintiffs, through the undersigned attorney and very respectfully state and pray as follows:

I. NATURE OF THE ACTION

1. The present involves a tort action to recover damages due to the manufacturing and/or design defect relating to a malfunctioning and/or defective vehicle during a rear end collision that occurred on March 17, 2007, in which Plaintiff, Carlota Asencio Luciano and her minor son, Fernando González suffered serious physical injuries, and all Plaintiffs to be identified herein, suffered

emotional and mental anguish, due to the unreasonable, dangerous and/or defective condition of the vehicle at the time of the accident.

2. The aforementioned physical and emotional injuries sustained by the Plaintiffs were a direct result of defendants negligent acts and/or omissions due to the unreasonably dangerous 1999 Jeep Grand Grand Cherokee.

II. SUBJECT MATTER JURISDICTION, VENUE AND CHOICE OF LAW

3. This Honorable District Court has diversity subject matter jurisdiction pursuant to 28 U.S.C. § 1332, since Plaintiffs and all Defendants are citizens of different states and the matter in controversy exceeds the amount of seventy five thousand dollars (\$75,000.00).
4. Proper venue lies within the United States District Court for the District of Puerto Rico pursuant to 28 U.S.C. § 1391(a)(2), inasmuch as the events giving rise to the claims contained herein occurred in Puerto Rico.
5. The choice of law applicable to the instant case is the law of the Commonwealth of Puerto Rico, since Articles 1802 and 1803 of the Puerto Rico Civil Code govern acts of negligence and/or omissions in tort actions.

III. IN PERSONAM JURISDICTION

6. All of the averments stated in paragraphs 1-5 are to be

incorporated herein by reference.

7. This Honorable Court has personal jurisdiction over codefendants Chrysler Corp. LLC. (hereinafter referred to as "Chrysler") and Daimler Chrysler since both entities have been doing business in Puerto Rico for years through multiple dealers and/or distributors.
8. Specifically, Chrysler and/or Daimler Chrysler have received financial benefit from its activities and from the sales of motor vehicles manufactured in Europe and/or the United States of America, which are sold by local distributors, dealers, wholesalers and/or retailers in the Commonwealth of Puerto Rico.

IV. PARTIES

9. Plaintiff, Carlota Asencio Luciano of legal age, married to Fernando J. Gonzalez and resident of Gurabo, Puerto Rico, is the registered owner of the 1999 Jeep Grand Cherokee, license plate number DOP 118. Fernando J. González is also the father of the minor child, Fernando González Asencio.
10. Plaintiff Carlota Asencio Luciano, of legal age, married to Fernando J. González, and resident of Gurabo, Puerto Rico, is the mother of the minor child, Fernando González Asencio.
11. Co-plaintiffs Fernando J. González and his wife Carlota Asencio Luciano comprise the González - Asencio conjugal partnership.
12. Fernando González Asencio is the minor child of Fernando J. González and Carlota Asencio Luciano, and he resides with his

parents in Gurabo, Puerto Rico.

13. Carla González Asencio, is the minor daughter of Fernando J. González and Carlota Asencio Luciano, and she resides with her parents in Gurabo, Puerto Rico.

14. Javier Asencio and his wife, Carlota Luciano, of legal age and residents of Miami, Florida, are the parents of co-plaintiff Carlota Asencio Luciano and the maternal grandparents of the minor child, Fernando González Asencio.
15. Pursuant to information and belief, Chrysler Corp. LLC, is a foreign corporation organized under the laws of the state of Delaware, with principal offices located at Auburn Hills, Michigan.
16. Pursuant to information and belief, Daimler Chrysler is a foreign corporation organized and operating under the laws of a state or country other than Puerto Rico.
17. Defendants Insurance Companies "A" and "B" are insurance companies, corporations or entities, incorporated and/or organized under the laws of a state other than Puerto Rico, and with their place of business in the Commonwealth of Puerto Rico, or incorporated and organized under the laws of a state other than Puerto Rico, with their place of business in a State, other than the Commonwealth of Puerto Rico or in a foreign country, which are authorized to conduct, as they conduct, the business of insurance, and which, at the time of the occurrence of the facts alleged in this

complaint, had issued and had in full effect insurance policies, respectively, in favor of any or all of the defendants herein, covering claims such as the ones made in this complaint.

18. Defendants Manufacturer Companies "X" and "Z" are unknown defendants, companies, corporations or entities, incorporated and/or organized under the laws of, with their place of business in a State, other than the Commonwealth of Puerto Rico or in a foreign country, which are authorized to conduct, as they conduct, the business of manufacturing Jeep Grand Cherokee automobiles, and which, at the time of the occurrence of the facts alleged in this complaint, are also liable to Plaintiffs for product liability.

V. STATEMENT OF FACTS

19. All of the averments stated in paragraph 1-18 are incorporated herein by reference.
20. The facts which give rise to the present complaint occurred on March 17, 2007, on or around 2:15 P.M. Co-plaintiff Carlota Asencio Luciano was driving the 1999 Jeep Grand Cherokee and her minor son, Fernando González Asencio was a passenger in said vehicle.
21. The 1999 Jeep Grand Cherokee driven by Carlota Asencio Luciano was impacted in the rear by César Ramos Gerena, who was negligently operating a 1994 Mercury Grand Marquis, License Plate Number CGA-044. The collision caused by Cesar Ramos

Gerena occurred on Road Number 177, in front of the Las Villas Urbanization located in Guaynabo, Puerto Rico. The rear collision whereby Cesar Ramos Gerena impacted the rear of the 1999 Jeep Grand Cherokee driven by Carlota Asencio, occurred while her vehicle was detained at a stop light waiting for the traffic to proceed.

22. As a result of the previously described collision, there was an explosion which caused the 1999 Jeep Grand Cherokee driven by Carlota Asencio Luciano to ignite in flames, thereby severely burning Carlota Asencio Luciano and her minor son, Fernando González Asencio throughout their faces and bodies.
23. The physical damages sustained by Carlota Asencio Luciano and her minor son, Fernando González Asencio are catastrophic in nature, and consist of severe burns and scars throughout their faces and bodies. In addition, Carlota Asencio Luciano and her minor son, Fernando González Asencio have experienced emotional pain and anguish as a result of the accident object of the Complaint.
24. Due to the severity of the injuries, Carlota Asencio Luciano and her minor son, Fernando González Asencio, had to be taken to the Centro Medico where they were hospitalized and received treatment for the severe burns, scars and injuries caused during the accident. Moreover, Plaintiffs Carlota Asencio Luciano and her

minor son, Fernando González Asencio, probably will require operations in the future, and to this date Plaintiffs continue to receive treatment in relation to the aforementioned accident.

-
25. Upon information and belief, Chrysler and/or Daimler Chrysler knew or reasonably should have known that the 1999 Jeep Grand Cherokee, and other Jeep model vehicles, were susceptible to ignite in flames when said vehicles were impacted in the rear.
 26. Upon information and belief, the fuel tank and filler neck on the Jeep Grand Cherokee was designed and installed in a location (behind the rear bumper) that is susceptible to rupture or puncture in a rear-end collision. When gasoline escapes from a ruptured or punctured fuel tank, a high risk of fire and explosion exists.
 27. Due to the manufacturing and/or design defect relating to a malfunctioning and/or defective fuel tank which ignited during the aforementioned vehicle accident and/or rear end collision, Plaintiffs suffered serious physical injuries as a direct result of Chrysler and/or Daimler Chrysler's negligent acts and/or omissions due to the unreasonably dangerous 1999 Jeep Grand Cherokee which burst into flames during the abovementioned accident and/or rear end collision, thereby causing Plaintiffs great physical pain, mental suffering, and moral anguish. Furthermore, Chrysler and/or Daimler Chrysler negligently failed to warn the

Plaintiffs regarding the potential dangerous condition presented by the vehicle.

VI. CLAIMS AND CAUSES OF ACTION

28. All of the averments in paragraphs 1-27 are incorporated herein by reference.
29. As a direct and proximate result of the negligence and/or omissions, Chrysler and/or Daimler Chrysler are strictly liable to Plaintiffs, due to the ignition in flames which occurred during the accident described herein and/or rear end collision.
30. Plaintiffs Carlota Asencio Luciano and her minor son, Fernando González Asencio suffered extreme facial and bodily injuries, which could have been avoided or significantly reduced, if not for the manufacturing and/or design defect relating to a malfunctioning and/or defective fuel tank and fuel leak, that proved to be unreasonably dangerous, and which caused, serious physical pain, scars for the remainder of Plaintiffs' life, mental suffering, and moral anguish.
31. For the aforementioned serious physical pain, suffering and mental anguish Chrysler is liable to Plaintiffs Carlota Asencio Luciano and her minor son, Fernando González Asencio, in an amount not less than \$10,000,000.00 dollars.
32. As a result of the accident described herein, co-plaintiff Fernando J. González has experienced emotional pain and anguish at seeing

his wife Carlota Asencio Luciano and their minor son, Fernando González Asencio, severely burned, injured and subjected to painful treatment and permanent scarring and claims compensatory damages in an amount of not less than \$3,000,000.00 dollars.

33. As a result of the accident described herein, co-plaintiff Carla González Asencio has experienced emotional pain and anguish at seeing her mother Carlota Asencio Luciano and her minor brother, Fernando González Asencio, severely burned, injured and subjected to painful treatment and permanent scarring and claims compensatory damages in an amount of not less than \$1,000,000.00 dollars.

34. As a result of the accident described herein, co-plaintiffs Javier Asencio and Carlota Luciano have experienced emotional pain and anguish at seeing their daughter Carlota Asencio Luciano and their grandson, Fernando González Asencio, severely burned, injured and subjected to painful treatment and permanent scarring and claims compensatory damages in an amount of not less than \$2,000,000.00 dollars.

35. As a result of the Defendant's negligence and pursuant to Article 1802 of the Civil Code of Puerto Rico, the González - Asencio conjugal partnership has experienced economic damages and loss of income which are estimated in an amount of not less than

\$20,000.00.

36. Plaintiffs demand trial by jury of all matters triable as of right by a jury.

WHEREFORE, Plaintiffs respectfully demand judgment against Defendants, and that the Defendants be ordered to pay Plaintiff the aggregate amount of \$16,020,000.00 claimed herein, plus interest, costs and a reasonable amount for attorneys fees and expenses as provided by law.

At San Juan, Puerto Rico, December 6, 2009.

**S/HECTOR F. OLIVERAS DELGADO
HECTOR F. OLIVERAS DELGADO
USDC 204412**

**S/JEANNETTE LOPEZ DE VICTORIA
JEANNETTE LOPEZ DE VICTORIA
USDC 205101
PINTO LUGO, OLIVERAS & ORTIZ, PSC
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San Juan, P.R. 00902-4098
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Daimler Chrysler
P.O. Box 21-8004
Auburn, Mills 48321

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**PUERTO RICO POLICE DEPARTMENT
ACCIDENT REPORT**

Complaint number 07-7-199-1237
Report number 962
Area Bayamón

Place & Date of	1. Date 03/17/07	2. Time 2:15 pm	3. Day Saturday	4. Municipality Guaynabo		5. Events related to collision [Code <u>16</u>] 01- roll over 02- fire/explosion 03- immersion 04- gas inhalation 05- load fall 06- spill 07- irregular road surface 08- went down a cliff 09- landslide 10- jackknifed 11- motorcycle roll over 12- slip & fall 13- event other than collision 14- pedestrian 15- two vehicles 16- three or more vehicles 17- pedestrian hit & run 30- parked vehicle 40- cyclist 41- cyclist hit & run 42- motorcyclist 43- motorcycle firm object 45- animal 51- barrier 52- plastic barriers 53- poles 55- tree 56- fire pump 57- mail box 59- traffic sign pole 63- earth mound 64- bridge 71- building 72- fences 76- other firm objects 77- hole 78- agricultural machinery 79- construction machinery 90- sewerage system 97- other					
	6. Accident (location) Road 177, in front of Urb. Las Villas										
	7. Location Code										
	8. Functional & Federal Clasification										
10. # veh. 06	11. # ped. 00	12. #injured 08	13. # of deaths 00	14. Type of accident [<u>3</u>] 1. slight 2. death 3. injured		9. Type of collision [Code <u>02</u>] 01- intersection entrance - angled 02- same direction - rear 03- same direction - one turning 04- same direction - side 05- opposite direction - frontal 06- opposite direction - one turning 07- opposite direction - side 08- parked vehicle 09- stopped vehicle on road 10- parking vehicle 11- vehicle exiting parking 12- vehicle entering private entrance 13- vehicle exiting private entrance					
Vehicle 1	15. Name of Driver in veh. #1 [REDACTED]			16. Sex [1] 1. M 2. F	17. Age 41	18. Telephone [REDACTED]	19. Occupation 14				
	20. Street [REDACTED]		21. Housing Development [REDACTED]			22. City Carolina		23. Zip Code [REDACTED]			
	24. Years Driving	25. Authorized [1] 1. Yes 2. No	26. Insured [] 1. Yes 2. No	27. State of License Puerto Rico	28. License Number [REDACTED]	29. Type of license [Code <u>3</u>] 1. Chauffeur 3. Conductor 5. Other 2. Passenger 4. Apprentice		30. Social Security [REDACTED]			
	31. Conditions [Code _____] 1. Normal 2. Fatigued 3. Drunk 7. Other 4. Apprentice 5. Intoxicated 6. Drugs				32. Analysis [Code <u>4</u>] 1. Blood 3. Other 2. Breath 4. None		33. Alcohol Level		34. Residential 25 mph [] 1. Yes 2. No		

35. Model Year 1994	36. Brand Mercury	37. Model Grand Marquis	38. Plate no. CGA-044	39. State Puerto Rico	40. Inspection [Code ____] 1. Yes 2. No				
41. Owner's name Carlos de Jesús Figueroa		42. Street	43. City	44. State	45. Zip Code				
46. Type 01. Car 02. Wagon 03. Pick-up machinery 04. Van machinery 05. Tractor 06. Truck house 07. Bus 08. School bus 09. Tow truck [Code 1]		47. Use [Code 1] 1. Personal 2. Apprentice training 3. Construction 4. Ambulance 5. Military 6. Public transportation 7. Property transportation 8. Agriculture 9. Tow truck 10. Police 11. Other work 12. Fire truck 97. Other	48. Dangerous Cargo 1. None 2. Explosive 3. Gas 4. Liquids fuel 5. Flammable 6. Oxygen 7. Poison 8. Radioactive 9. Corrosive 97. Other [Code 1]	49. Load trucks [Code 1] 01. None 02. Tractor tow tank 03. Tractor tow Poles tow 04. Tow 05. Boat tow 06. Camping trailer 51. Excess load permit required [Code 3] 1. yes 2. No 3. N/a	50. Mechanical Defect (vehicle) 81. Brakes 82. Steering wheel coupler 83. Battery 84. Suspension 85. Tires system 86. Escape 87. Lights 88. Signal lights 89. Windows [Code ____]	63. Circle affected areas 10- under chassis 11- Two coupler [Point of initial impact [01]]			
53. Speed limit	54. Est. speed	55. S/B provided 1. Yes 2. No [Code 1]	56. S/B in use 1. Yes 2. No [Code 01]	57. Veh. Moving 1. Yes 2. No [Code 1]	58. Circumstances [Code 09]	59. Maneuver [Code 00]	60. Pedestrian [Code 97]	61. Cyclist [Code 97]	62. Place of Accident [Code 10]
65. Name of Driver in vehicle #2 Asencio Luciano Carlota				66. Sex [2] 1. Male 2. Female	67. Age 38	68. Telephone 745-2663	69. Occupation (years) 14		
70. Street Ruisseñor Street AB-7		71. City Chalets of Santa Bárbara		72. Town Gurabo		73. Zip Code 00778			
74. Years driving	75. Authorized [1] 1. Yes 2. No	76. Insured [1] 1. Yes 2. No	77. State of License PR	78. License Number 0025652	79. Type of License [3] 1. Chauffeur 3. Conductor 2. Passenger 4. Apprentice 5. Other		80. Social Security 597-05-4768		

81. Conditions [L] 1. Normal 2. Fatigued 3. Drunk 7. Other 4. Apprentice 5. Intoxicated 6. Drugs				82. Analysis [4] 1. Blood 3. Other 2. Load 4. None		83. Alcohol Level		84. Residential 25 mph [] 1. Yes 2.No									
85. Model year 1999	86. Brand Jeep		87. Model Cherokee		88. Plate No. DOP-118		89. State PR		90. Inspection [Code _1_] 1. Yes 2. No								
91. Owner's name			92. Street		93. City			94. State Puerto		95. Zip Code 00664							
96.Type 01. Car 02. Wagon 03. Pick-up machinery 04. Van machinery 05. Tractor 06. Truck house 07. Bus 08. School bus 09. Tow truck		10.Motorcycle 11. Bicycle 12. Agriculture 13. Road 14. Load truck 15. Trailer 97. Other [Code_02_]		97. Use [Code_1_] 1. Personal 2. Apprentice training 3. Construction 4. Ambulance 5. Military 6. Public transportation 7. Property transportation 8. Agriculture 9. Tow truck 10. Police 11. Other work 12. Fire truck 97. Other		98.Dangerous Cargo 1. None 2. Explosive 3. Gas 4. Liquids fuel 5. Flammable 6. Oxigen 7. Poison 8. Radioactive 9. Corrosive 97. Other [Code_1_]		99. Load trucks [Code_01_] 01. None Towed vehicle 02. Trailer tank 03. Tractor tow Poles tow 04. Tow Other 05. Boat tow 06. Camping trailer 101. Excessload permit required [Code_03_] 1.yes 2. No 3. N/a		07. 08. Oil 09. 97. [Code_98_]		100. Mechanical Defect (vehicle) 81. Brakes Seatbelts 82. Steering wheel 83. Battery coupler 84. Suspension 85. Tires system 86. Escape 87. Lights 88. Signal lights 89. Windows		90. 91. Rims 92. Two 93. Load 94. Fuel 97. Other 98. None [Code_98_]		113. Circle affected areas 8 1 2 7 9 3 6 5 4 10- under chassis 11- Two coupler Point of initial impact [05, 01]	
103. Speed limit		104.Est. Speed	105.S/B provided [Code_1_] 1. Yes 2. No	106. S/B in use [Code_1_] 1.Yes 2. No	107.Veh.Moving 1. Yes 2. No [Code_2_]	108Circu. [Cod_97_]	109Maneuver [Code 67]	110. Pedestrian [Code_97_]	111. Cyclist [Code_97_]	112. Place of accident [Code_10_]							

**PUERTO RICO POLICE DEPARTMENT
ACCIDENT REPORT**

Complaint number 07-7-199-1237

Report number 962

Area Bayamón

Place & Date of Accident	1. Date 03/17/07	2. Time 2:15	3. Day Saturday	4. Municipality Guaynabo		5. Events related to collision [Code <u>16</u>] 01- roll over 02- fire/explosion 03- immersion 04- gas inhalation 05- load fall 06- spill 07- irregular road surface 08- went down a cliff 09- landslide 10- jackknifed 11- motorcycle roll over 12- slip & fall 13- event other than collision 14- pedestrian 15- two vehicles 16- three or more vehicles 17- pedestrian hit & run 30- parked vehicle 40- cyclist 41- cyclist hit & run 42- motorcyclist 43- motorcycle firm object 45- animal 51- barrier 52- plastic barriers 53- poles 55- tree 56- fire pump 57- mail box 59- traffic sign pole 63- earth mound 64- bridge 71- building 72- fences 76- other firm objects 77- hole 78- agricultural machinery 79- construction machinery 90- sewerage system 97- other					
	6. Accident (location) Road 177, in front of Urb. Las Villas										
	7. Location Code										
	8. Functional & Federal Clasification					9. Type of collision [Code <u>02</u>] 01- intersection entrance - angled 08- parked vehicle 02- same direction - rear 09- stopped vehicle on road 03- same direction - one turning 10- parking vehicle 04- same direction - side 11- vehicle exiting parking 05- opposite direction - frontal 12- vehicle entering private entrance 06- opposite direction - one turning 13- vehicle exiting private entrance 07- opposite direction - side					
10. # veh. 06	11. # ped 00	12. #injured 08	13. # of deaths 01	14. Type of accident [<u>03</u>] 1. slight 2. death 3. injured							
Vehicle 1	15. Name of Driver in veh. #1 [REDACTED]			16. Sex [02] 1. M 2. F	17. Age 52	18. Telephone [REDACTED]	19. Occupation 14				
	20. Street [REDACTED]			21. Housing Development [REDACTED]		22. City San Juan	23. Zip Code [REDACTED]				
	24. Years Driving	25. Authorized [1] 1. Yes 2. No	26. Insured [1] 1. Yes 2. No	27. State of License Puerto Rico	28. License Number [REDACTED]	29. Type of license [Code <u>3</u>] 1. Chauffeur 3. Conductor 5. Other 2. Passenger 4. Apprentice		30. Social Security [REDACTED]			
	31. Conditions [Code <u>1</u>] 1. Normal 2. Fatigued 3. Drunk 7. Other 4. Apprentice 5. Intoxicated 6. Drugs				32. Analysis [Code <u>4</u>] 1. Blood 3. Other 2. Breath 4. None		33. Alcohol Level		34. Residential 25 mph [] 1. Yes 2. No		

35. Model Year 2003	36. Brand Honda	37. Model Odyssey	38. Plate no. EVH-509	39. State Puerto Rico	40. Inspection [Code <u>1</u>] 1. Yes 2. No						
41. Owner's name		42. Street		43. City	44. State	45. Zip Code					
46. Type 01. Car 02. Wagon 03. Pick-up machinery 04. Van machinery 05. Tractor 06. Truck house 07. Bus 08. School bus 09. Tow truck [Code <u>04</u>]		47. Use [Code <u>01</u>] 1. Personal 2. Apprentice training 3. Construction 4. Ambulance 5. Military 6. Public transportation 7. Property transportation 8. Agriculture 9. Tow truck 10. Police 11. Other work 12. Fire truck 97. Other		48. Dangerous Cargo 1. None 2. Explosive 3. Gas 4. Liquids fuel 5. Flammable 6. Oxygen 7. Poison 8. Radioactive 9. Corrosive 97. Other [Code <u>1</u>]		49. Load trucks [Code <u>1</u>] 01. None 02. Towed vehicle tank 03. Tractor tow Poles tow 04. Tow Other 05. Boat tow 06. Camping trailer 51. Excess load permit required [Code <u>3</u>] 1. yes 2. No 3. N/a		50. Mechanical Defect (vehicle) 81. Brakes 82. Steering wheel 83. Battery coupler 84. Suspension 85. Tires system 86. Escape 87. Lights 88. Signal lights 89. Windows [Code <u>98</u>]		63. Circle affected areas 10- under chassis 11- Two coupler [Point of initial impact [01, 05]	
53. Speed limit	54. Est. speed	55. S/B provided 1. Yes 2. No [Code <u>1</u>]	56. S/B in use 1. Yes 2. No [Code <u>1</u>]	57. Veh. Moving 1. Yes 2. No [Code <u>2</u>]	58. Circumstances [Code <u>97</u>]	59. Maneuver [Code <u>67</u>]	60. Pedestrian [Code <u>97</u>]	61. Cyclist [Code <u>97</u>]	62. Place of Accident [Code <u>10</u>]		
65. Name of Driver in vehicle #2 Muñoz Saez Luznel M.				66. Sex [02] 1. Male 2. Female	67. Age 21	68. Telephone 240-0287		69. Occupation (years) 14			
70. Street San Jacinto Street 1385		71. City Apartment A. Altameza			72. State San Juan		73. Zip Code 00921				
74. Years driving	75. Authorized [01] 1. Yes 2. No	76. Insured [01] 1. Yes 2. No	77. State of License PR		78. License Number 4628917	79. Type of License [03] 1. Chauffeur 3. Conductor 2. Passenger 4. Apprentice 5. Other		80. Social Security 597-07-7396			

81. Conditions [01] 1. Normal 2. Fatigued 3. Drunk 7. Other 4. Apprentice 5. Intoxicated 6. Drugs				82. Analysis [4] 1. Blood 3. Other 2. Load 4. None		83. Alcohol Level		84. Residential 25 mph [] 1. Yes 2.No	
85. Model year	86. Brand Toyota		87. Model Yaris		88. Plate No. GZP-531	89. State PR		90. Inspection [Code ____ 01 ____] 1. Yes 2. No	
91. Owner's name Luz M. Saez Rosa			92. Street		93. City		94. State		95. Zip Code
96.Type 01. Car 02. Wagon 03. Pick-up machinery 04. Van machinery 05. Tractor 06. Truck house 07. Bus 08. School bus 09. Tow truck [Code 01 ____]		97. Use [Code 01 ____] 1. Personal 2. Apprentice training 3. Construction 4. Ambulance 5. Military 6. Public transportation 7. Property transportation 8. Agriculture 9. Tow truck 10. Police 11. Other work 12. Fire truck 97. Other	98.Dangerous Cargo 1. None 2. 3. Gas 4. Liquids fuel 5. Flammable 6. Oxygen 7. Poison 8. Radioactive 9. Corrosive 97. Other [Code 01 ____]	99. Load trucks [Code ____ 01 ____] 01. None 07. Towed vehicle 02. Trailer 08. Oil tank 03. Tractor tow 09. Poles tow 04. Tow 97. Other 05. Boat tow 06. Camping trailer 101. Excessload permit required [Code 03 ____] 1.yes 2. No 3. N/a		100. Mechanical Defect (vehicle) 81. Brakes 90. Seatbelts 82. Steering wheel 91. Rims 83. Battery coupler 92. Two 84. Suspension 93. Load 85. Tires system 94. Fuel 86. Escape 97. Other 87. Lights 98. None 88. Signal lights 89. Windows [Code 98 ____]		113. Circle affected areas 8 1 2 7 9 3 6 5 4 10- under chassis 11- Two coupler Point of initial impact {01, 05 }	
103. Speed limit	104.Est. Speed	105.S/Bprovided [Code 01 ____] 1. Yes 2. No	106. S/B in use [Code 01 ____] 1. Yes 2. No	107.Veh.Moving 1. Yes 2. No [Code 02 ____]	108Circu. [Cod 97 ____]	109Maneuver [Code 67 ____]	110. Pedestrian [Code 97 ____]	111. Cyclist [Code 97 ____]	112. Place of accident [Code 10 ____]

<p>Circumstances</p> <ul style="list-style-type: none"> 02- under influence of alcohol 03- not yielding 04- not following traffic signs 05- exceed speed limit 06- avoid object 07- illegal turn 09- not keeping distance 10- illegal lane change 11- illegal reverse 12- illegal passing 13- no signaling 14- obstructed view 15- loss of control 16- mechanical defect 17- defective road 18- very slow vehicle 19- excessive load 20- weather 21- inappropriate two coupled 22- driver's condition 23- opposite lane 24- vehicle towing other vehicle 25- person pushing vehicle 26- vehicle at left side 28- load out of place 30- pedestrian violation 31- vehicle size 33- loss of load 47- not seeing object/person 69- defective traffic light 97- other 98- none 	<p>Maneuvers</p> <ul style="list-style-type: none"> 00- go straight 05- go straight on lane turn left 06- go straight on lane turn right 11- incorrect lane 18- avoid object on road 23- park 24- skidded when tried to brake 39- turn left 40- turn right 41- U-turn 46- move vehicle while parked 50- move vehicle during traffic 57- passing left 58- passing right 59- switch lanes/left 60- switch lanes/right 61- confluence (left) 62- confluence (right) 64- against the traffic 67- reduced speed/stopped 70- skidded before braking 71- legally parked 72- illegally parked 81- reverse 86- pushed by a vehicle 87- pushed by a person 	<p>Pedestrians</p> <ul style="list-style-type: none"> 01- crossing at intersection with light in favor 02- crossing intersection against traffic light 04- crossing out of intersection 08- standing out of the road 10- crossing intersection 12- coming from behind a vehicle 20- waling with traffic 30- walking against the traffic 52- getting off/in the vehicle 62- working/pushing vehicle 68- working on the road 70- standing on the sidewalk 74- playing on the road 75- lying on the road 76- on top of the vehicle 97- other 	<p>Cyclist</p> <ul style="list-style-type: none"> 10- cyclist crossing the road 20- cyclist driving with the traffic 30- cyclist driving against the traffic 70- cyclist stopped 97- other <hr/> <p>Place of Accident</p> <ul style="list-style-type: none"> 10- on the road 11- intersection 20- off the road 30- middle of the road 40- entrance 50- private road
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**PUERTO RICO POLICE DEPARTMENT
ACCIDENT REPORT**

Complaint number 07-7-199-1237
Report number 962
Area Bayamón

Place & Date of Accident	1. Date 03/17/07	2. Time 2:15	3. Day Saturday	4. Municipality Guaynabo		5. Events related to collision [Code <u>16</u>] 01- roll over 02- fire/explosion 03- immersion 04- gas inhalation 05- load fall 06- spill 07- irregular road surface 08- went down a cliff 09- landslide 10- jackknifed 11- motorcycle roll over 12- slip & fall 13- event other than collision 14- pedestrian 15- two vehicles 16- three or more vehicles 17- pedestrian hit & run 30- parked vehicle 40- cyclist 41- cyclist hit & run 42- motorcyclist 43- motorcycle firm object 45- animal 51- barrier 52- plastic barriers 53- poles 55- tree 56- fire pump 57- mail box 59- traffic sign pole 63- earth mound 64- bridge 71- building 72- fences 76- other firm objects 77- hole 78- agricultural machinery 79- construction machinery 90- sewerage system 97- other					
	6. Accident (location) Road 177, in front of Urb. Las Villas										
	7. Location Code										
	8. Functional & Federal Clasification					9. Type of collision [Code <u>02</u>] 01- intersection entrance - angled 08- parked vehicle 02- same direction - rear 09- stopped vehicle on road 03- same direction - one turning 10- parking vehicle 04- same direction - side 11- vehicle exiting parking 05- opposite direction - frontal 12- vehicle entering private entrance 06- opposite direction - one turning 13- vehicle exiting private entrance 07- opposite direction - side					
	10. # veh. 06	11. # ped 00	12. #injured 08	13. # of deaths 01	14. Type of accident [<u>03</u>] 1. slight 2. death 3. injured						
Vehicle 1	15. Name of Driver in veh. #1 [REDACTED]			16. Sex [Q] F 2. F	17. Age 82	18. Telephone [REDACTED]	19. Occupation 14				
	20. Street [REDACTED]			21. Housing Development [REDACTED]		22. City Rio Grande	23. Zip Code [REDACTED]				
	24. Years Driving	25. Authorized [1] 1. Yes 2. No	26. Insured [1] 1. Yes 2. No	27. State of License Puerto Rico	28. License Number [REDACTED]	29. Type of license [Code <u>3</u>] 1. Chauffeur 3. Conductor 5. Other 2. Passenger 4. Apprentice		30. Social Security [REDACTED]			
	31. Conditions [Code <u>1</u>] 1. Normal 2. Fatigued 3. Drunk 7. Other 4. Apprentice 5. Intoxicated 6. Drugs				32. Analysis [Code <u>4</u>] 1. Blood 3. Other 2. Breath 4. None		33. Alcohol Level		34. Residential 25 mph [] 1. Yes 2. No		

35. Model Year 2000	36. Brand Pontiac	37. Model Sunfire	38. Plate no. DWR-593	39. State Puerto Rico	40. Inspection [Code <u>1</u>] 1. Yes 2. No				
41. Owner's name		42. Street		43. City	44. State	45. Zip Code			
46. Type 01. Car 02. Wagon 03. Pick-up machinery 04. Van machinery 05. Tractor 06. Truck house 07. Bus 08. School bus 09. Tow truck [Code <u>01</u>]		47. Use [Code <u>01</u>]] 1. Personal 2. Apprentice training 3. Construction 4. Ambulance 5. Military 6. Public transportation 7. Property transportation 8. Agriculture 9. Tow truck 10. Police 11. Other work 12. Fire truck 97. Other	48. Dangers us Cargo 1. None 2. Explosive 3. Gas 4. Liquids fuel 5. Flammable 6. Oxigen 7. Poison 8. Radioactive 9. Corrosive 97. Other [Code <u>1</u>]	49. Load trucks [Code <u>1</u>] 01. None Towed vehicle 02. Trailer tank 03. Tractor tow Poles tow 04. Tow Other 05. Boat tow 06. Camping trailer 51. Excess load permit required [Code <u>3</u>]] 1. yes 2. No 3. N/a	50. Mechanical Defect (vehicle) 81. Brakes 82. Steering wheel 83. Battery coupler 84. Suspension 85. Tires system 86. Escape 87. Lights 88. Signal lights 89. Windows [Code <u>98</u>]	63. Circle affected areas 10- under chassis 11- Two coupler [Point of initial impact {05}]			
53. Speed limit	54. Est. speed	55. S/B provided 1. Yes 2. No [Code <u>1</u>]	56. S/B in use 1. Yes 2. No [Code <u>1</u>]	57. Veh. Moving 1. Yes 2. No [Code <u>2</u>]	58. Circumstances [Code <u>97</u>]	59. Maneuver [Code <u>67</u>]	60. Pedestrian [Code <u>97</u>]	61. Cyclist [Code <u>97</u>]	62. Place of Accident [Code <u>10</u>]
65. Name of Driver in vehicle #2 Sarriera Apomte Maria C.				66. Sex [02] 1. Male 2. Female	67. Age 40	68. Telephone 765-7602	69. Occupation (years) 14		
70. Street Alcala 1795		71. City College Park		72. State San Juan		73. Zip Code 00911			
74. Years driving	75. Authorized [01]] 1. Yes 2. No	76. Insured [01] 1. Yes 2. No	77. State of License PR	78. License Number 1593489	79. Type of License [03] 1. Chauffeur 3. Conductor 2. Passenger 4. Apprentice 5. Other		80. Social Security 582-87-5448		

81. Conditions [01] 1. Normal 2. Fatigued 3. Drunk 7. Other 4. Apprentice 5. Intoxicated 6. Drugs				82. Analysis [4] 1. Blood 3. Other 2. Load 4. None		83. Alcohol Level		84. Residential 25 mph [] 1. Yes 2.No		
85. Model year 2002	86. Brand Ford		87. Model Explorer		88. Plate No. ESY-378	89. State PR		90. Inspection [Code 01] 1. Yes 2. No		
91. Owner's name Benjamin Muñoz			92. Street		93. City		94. State		95. Zip Code	
96.Type 01. Car 02. Wagon 03. Pick-up machinery 04. Van machinery 05. Tractor 06. Truck house 07. Bus 08. School bus 09. Tow truck		97. Use [Code 01] 1. Personal 2. Apprentice training 3. Construction 4. Ambulance 5. Military 6. Public transportation 7. Property transportation 8. Agriculture 9. Tow truck 10. Police 11. Other work 12. Fire truck 97. Other [Code 02]		98.Dangero us Cargo 1. None 2. Explosive 3. Gas 4. Liquids fuel 5. Flammable 6. Oxigen 7. Poison 8. Radioactiv e 9. Corrosive 97. Other [Code 01]		99. Load trucks [Code 01] 01. None 07. Towed vehicle 02. Trailer 08. Oil tank 03. Tractor tow 09. Poles tow 04. Tow 97. Other 05. Boat tow 06. Camping trailer 101. Excessload permit required [Code 03] 1.yes 2. No 3. N/a		100. Mechanical Defect (vehicle) 81. Brakes 90. Seatbelts 82. Steering wheel 91. Rims 83. Battery 92. Two coupler 84. Suspension 93. Load 85. Tires 94. Fuel system 86. Escape 97. Other 87. Lights 98. None 88. Signal lights 89. Windows [Code 98]		113. Circle affected areas 8 1 2 7 9 3 6 5 4 10- under chassis 11- Two coupler Point of initial impact [0 05]
103. Speed limit	104.Est. Speed	105.S/Bpr ovided [Code 01] 1. Yes 2. No	106. S/B in use [Code 01] 1. Yes 2. No	107.Veh.Mo ving 1. Yes 2. No [Code 02]	108Circu. [Cod 97]	109Mane uver [Code 67]	110. Pedestrian [Code 97]	111. Cyclist [Code 97]	112. Place of accident [Code 10]	

<p>Circumstances</p> <ul style="list-style-type: none"> 02- under influence of alcohol 03- not yielding 04- not following traffic signs 05- exceed speed limit 06- avoid object 07- illegal turn 09- not keeping distance 10- illegal lane change 11- illegal reverse 12- illegal passing 13- no signaling 14- obstructed view 15- loss of control 16- mechanical defect 17- defective road 18- very slow vehicle 19- excessive load 20- weather 21- inappropriate two coupled 22- driver's condition 23- opposite lane 24- vehicle towing other vehicle 25- person pushing vehicle 26- vehicle at left side 28- load out of place 30- pedestrian violation 31- vehicle size 33- loss of load 47- not seeing object/person 69- defective traffic light 97- other 98- none 	<p>Maneuvers</p> <ul style="list-style-type: none"> 00- go straight 05- go straight on lane turn left 06- go straight on lane turn right 11- incorrect lane 18- avoid object on road 23- park 24- skidded when tried to brake 39- turn left 40- turn right 41- U-turn 46- move vehicle while parked 50- move vehicle during traffic 57- passing left 58- passing right 59- switch lanes/left 60- switch lanes/right 61- confluence (left) 62- confluence (right) 64- against the traffic 67- reduced speed/stopped 70- skidded before braking 71- legally parked 72- illegally parked 81- reverse 86- pushed by a vehicle 87- pushed by a person 	<p>Pedestrians</p> <ul style="list-style-type: none"> 01- crossing at intersection with light in favor 02- crossing intersection against traffic light 04- crossing out of intersection 08- standing out of the road 10- crossing intersection 12- coming from behind a vehicle 20- waling with traffic 30- walking against the traffic 52- getting off/in the vehicle 62- working/pushing vehicle 68- working on the road 70- standing on the sidewalk 74- playing on the road 75- lying on the road 76- on top of the vehicle 97- other 	<p>Cyclist</p> <ul style="list-style-type: none"> 10- cyclist crossing the road 20- cyclist driving with the traffic 30- cyclist driving against the traffic 70- cyclist stopped 97- other <hr/> <p>Place of Accident</p> <ul style="list-style-type: none"> 10- on the road 11- intersection 20- off the road 30- middle of the road 40- entrance 50- private road
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**PUERTO RICO POLICE DEPARTMENT
ACCIDENT REPORT**

Complaint number 07-7-199-1237

Report number 962

Area Bayamón

Injured or death

115. Name [REDACTED] Gerena	115. Veh	116. Sex M	117. Age 41	118. Injured 01	119. Type inj. 03	120. Expelled 00	121. First Aid By: 03	Seatbelt 03- in use Motorcycle safety equipment 10- helmet in use Child safety equipment 29- child seat Pedestrian 16- dressing 98- none in use 99- unknown 169. [Code <u>03</u>]	
122. Address 1 [REDACTED] Carolina PR, [REDACTED]									
123. Transported to Rio Piedras Medical Center			124. Transported by Emergency Services of Guaynabo						Seatbelt 03- in use Motorcycle safety equipment 10- helmet in use Child safety equipment 29- child seat Pedestrian 16- dressing 98- none in use 99- unknown 169. [Code <u>03</u>]
125. Name [REDACTED]	125. Veh. #	126. Sex F	127. Age 38	128. Injured 1	129. Type inj. 03	130. Expelled 00	131. First Aid By: 03		
132. Address [REDACTED] Gurabo, PR [REDACTED]								Seatbelt 03- in use Motorcycle safety equipment 10- helmet in use Child safety equipment 29- child seat Pedestrian 16- dressing 98- none in use 99- unknown 169. [Code <u>03</u>]	
133. Transported to Rio Piedras Medical Center			134. Transported by Emergency Services of Guaynabo						
135. Name [REDACTED]	135. Veh. #	136. Sex M	137. Age 6	138. Injured 02	139. Type inj. 03	140. Expelled 00	141. First Aid By: 03	Seatbelt 03- in use Motorcycle safety equipment 10- helmet in use Child safety equipment 29- child seat Pedestrian 16- dressing 98- none in use 99- unknown 169. [Code <u>03</u>]	
142.. Address [REDACTED] Gurabo, PR [REDACTED]									
123. Transported to Rio Piedras Medical Center			124. Transported by Emergency Services of Guaynabo						Seatbelt 03- in use Motorcycle safety equipment 10- helmet in use Child safety equipment 29- child seat Pedestrian 16- dressing 98- none in use 99- unknown 169. [Code <u>03</u>]
145. Name [REDACTED]s	145. Veh. #	146. Sex F	147. Age 52	148. Injured 01	149. Type inj. 2	150. Expelled 00	151. First Aid By: 98		
152. Address Plaza Inmaculada 11 1717, Ponce de León Ave. 2405, San Juan PR 00909								Same as above: Code [03]	
153. Transported to n/a			154. Form of transportation n/a						

155. Name [REDACTED]		155. Veh. #	156. Sex M	157. Age 6	158. Injured 2	159. Type inj. 02	160. Expelled 00	161. First Aid By: 98		
162. Address [REDACTED] San Juan PR [REDACTED]										
163. Transported to n/a					164. Form of transportation n/a					
Codes with respect to injured or deceased	Injured 1. Chauffeur 2. Passenger 3. Pedestrian 4. Cyclist 5. Motorcyclist 96. N/A 97. Other	Type of Injury 02- slightly injured 03- Injured 04- Deceased 05- Unknown	Expulsion 01- None 04- Trapped 02- Complete 05- N/A 03- Partially 06- Unknown	First Aid by: 1. Ambulance 97. Other 2. Doctor 98. None 3. Paramedic 99. Unknown 4. Police						
172. Description of accident										
173. Defect on road 04. Emergency lane 05. Side trench 06. Holes, etc. 97. Other 98. None [Code <u>98</u>]	174. Surface 04- not paved 15- asphalt 18- concrete 21- bricks 97- other [Code <u>15</u>]	175. Conditions 01. Dry 02. Wet 03. Muddy 97. Other [Code <u>01</u>]	176. Accident related to construction zone? 1. Yes 2. No [Code <u>02</u>]	177. Materials related to collision 02. Rocks 07. Oil 03. Trees 97. Other 04. Earthmounds 98 None 05. 06. Sand [Code <u>98</u>]	178. Source of Material 02. Nature 96. N/A 03. Loss of load 97. Other 04. Object on road 99 Unknown [Code <u>96</u>]	179. Characteristics (Road) 1. straight 7. curved uphill 2. Straight downhill 8. curved hill 3. Straight uphill 97. Other 4. Straight hill 5. Curved [Code <u>02</u>] 6. Curved downhill				
180. View Obstructed by: 01- buildings 09- blinded by sun 14- rain 02- traffic signs 10- fire/smoke 96- not obstructed 03- tree 11- dust 97- other 05- hill 12- blinded by light 99- unknown 06- curve 13- terrain 07- fog 08- vehicles [Code <u>96</u>]			181. Traffic control 01- police 09- yield traffic light 05- pedestrian 10- no pass zone 06- traffic light 97- other 07- intermitent 99- none 08- stop light [Code <u>99</u>]		182. Traffic control in function 1. Yes 2. No [Code <u>03</u>]		183. Opposite lanes separated by: 1. isle 2. Single line 3. Double lines 4. cement barrier 5. Metal barrier 7. fence 97. Other 99. None [Code <u>01</u>]		184. Lanes 1. One lane 5. Five lanes 2. Two lane 6. Six or more 3. Three lane 97. Other 4. Four lane [Code <u>06</u>] 185. One-way road 1.yes 2. No [Code <u>02</u>]	

186. Visibility 01- day 02- dawn 03- dusk 05- dark lighted 06- dark not lighted 99- unknown [Code <u>01</u>]	187. Weather 01. Fog 04.Windy 05. Clear 06. Cloudy 07.Rainy 97.Other [Code <u>05</u>]	188. Zone 01Residential 1 02.Industrial None 04.Commercial 05.School 06. Park 08. Rural [Code <u>04</u>]	189. Damage to property 1. Non visible 2. Few 3. Moderate 4. Severe [Code <u>02</u>]	194. Description of property damaged Ornamental Palm Trees Name: Guynabo City Address:
190. Time notified police 2:15 pm	191 Time police arrived 2:30pm	192.Time notified SEM	193.Time SEM arrived	
195. Witness' name		196. Address		197. Telephone
198. Witness' name		199. Address.		200. Telephone
201. Policeman's name Agent. Jorge I. Merced Rodríguez		202. Police badge number 28176		203. District/Precinct Bayamón Transit
204. Signature: Police investigator Signed		205. Date:03/17/07		206. Supervisor's name:Sgt.- ILLEGIBLE
		207. Supervisor's signature: Signed		208. Date: 03/19/07

**PUERTO RICO POLICE DEPARTMENT
ACCIDENT REPORT**

Complaint number 06-3-199-04609

Report number 3083

Area Ponce

Injured persons

115. Name [REDACTED]		115. Veh#	116. Sex F	117. Age 21	118. Injured 01	119. Type inj. 02	120. Expelled 00	121. First Aid By: 98	Seatbelt 03- in use Motorcycle safety equipment 10- helmet in use Child safety equipment 20- child seat Pedestrian 16- dressing 98- none in use 99- unknown 169. [Code <u>03</u>]
122. Address [REDACTED] San Juan PR [REDACTED]									
123. Transported to n/a				124. Form of transportation n/a					
125. Name [REDACTED]		125. Veh. #	126. Sex M	127. Age 27	128. Injured 02	129. Type inj. 02	130. Expelled 00	131. First Aid By: 98	
132. Address [REDACTED] San Juan PR [REDACTED]									
133. Transported to n/a				134. Form of Transportation n/a					
135. Name [REDACTED]		135. Veh. #	136. Sex M	137. Age 82	138. Injured 01	139. Type inj. 02	140. Expelled 00	141. First Aid By: 98	
142. Address [REDACTED] Rio Grande PR [REDACTED]									
143. Transported to n/a				144. Form of transportation n/a					
145. Name [REDACTED]		145. Veh. #	146. Sex F	147. Age 78	148. Injured 02	149. Type inj. 02	150. Expelled 00	151. First Aid By: 98	Seatbelt 03- in use Motorcycle safety equipment 10- helmet in use Child safety equipment 29- child seat Pedestrian 16- dressing 98- none in use 99- unknown 169. [Code <u>03</u>]
152. Address [REDACTED] Rio Grande PR [REDACTED]									
153. Transported to				154. Form of transportation					
155. Name		155. Veh. #	156. Sex	157. Age	158. Injured	159. Type inj.	160. Expelled	161. First Aid By:	-Same as above- Code 03

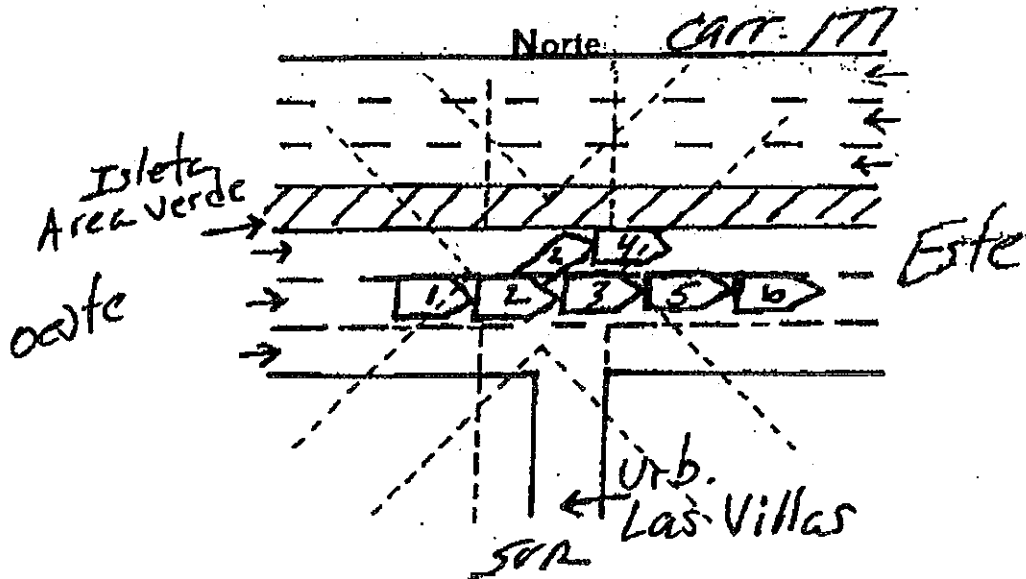
162. Address						
163. Transported to			164. Form of transportation			
Codes with respect to injured or deceased	Injured 1. Chauffeur 2. Passenger 3. Pedestrian 4. Cyclist 5. Motorcyclist 96. N/A 97. Other	Type of Injury 02- slightly injured 03- Injured 04- Deceased 05- Unknown	Expulsion 01- None 04- Trapped 02- Complete 05- N/A 03- Partially 06- Unknown	First Aid by: 1. Ambulance 2. Doctor 3. Paramedic 4. Police	97. Other 98. None 99. Unknown	
172. Description of accident						
173. Defect on road 04. Emergency lane 05. Side trench 06. Holes, etc. 97. Other 98. None [Code <u>98</u>]	174. Surface 04- not paved 15- asphalt 18- concrete 21- bricks 97- other [Code <u>15</u>]	175. Conditions 01. Dry 02. Wet 03. Muddy 97. Other [Code <u>01</u>]	176. Accident related to construction zone? 1. Yes 2. No [Code <u>02</u>]	177. Materials related to collision 02. Rocks 07. Oil 03. Trees 97. Other 04. Earthmounds 98 None 05. 06. Sand [Code <u>98</u>]	178. Source of Material 02. Nature 96. N/A 03. Loss of load 97. Other 04. Object on road 99 Unknown [Code <u>96</u>]	179. Characteristics (Road) 1. straight 7. curved uphill 2. Straight downhill 8. curved hill 3. Straight uphill 97. Other 4. Straight hill 5. Curved [Code <u>02</u>] 6. Curved downhill
180. View Obstructed by: 01- buildings 09- blinded by sun 14- rain 02- traffic signs 10- fire/smoke 96- not obstructed 03- tree 11- dust 97- other 05- hill 12- blinded by light 99- unknown 06- curve 13- terrain 07- fog 08- vehicles [Code <u>96</u>]		181. Traffic control 01- police 09- yield traffic light 05- pedestrian 10- no pass zone 06- traffic light 97- other 07- intermittent 99- none 08- stop light [Code <u>99</u>]	182. Traffic control in function 1. Yes 2. No [Code <u>03</u>]	183. Opposite lanes separated by: 1. isle 2. Single line 3. Double lines 4. cement barrier 5. Metal barrier 7. fence 97. Other 99. None [Code <u>01</u>]	184. Lanes 1. One lane 5. Five lanes 2. Two lane 6. Six or more 3. Three lane 97. Other 4. Four lane [Code <u>06</u>] 185. One-way road 1.yes 2. No [Code <u>02</u>]	

186. Visibility 01- day 02- dawn 03- dusk 05- dark lighted 06- dark not lighted 99- unknown [Code <u>01</u>]	187. Weather 01. Fog 04. Windy 05. Clear 06. Cloudy 07. Rainy 97. Other [Code <u>05</u>]	188. Zone 01 Residential 1 02. Industrial None 04. Commercial 05. School 06. Park 08. Rural [Code <u>04</u>]	189. Damage to property 1. Non visible 2. Few 3. Moderate 4. Severe [Code <u>02</u>]	194. Description of property damaged Ornamental Palm Trees Name: Guaynabo City Address:	
190. Time notified police 2:15 pm	191 Time police arrived 2:30pm	192. Time notified SEM	193. Time SEM arrived		
195. Witness' name		196. Address		197. Telephone	
198. Witness' name		199. Address.		200. Telephone	
201. Policeman's name Agent. Jorge I. Mercado Rodríguez		202. Police badge number 28176		203. District/Precinct Bayamón Transit	
204. Signature: Police investigator Signed		205. Date: 03/17/07		206. Supervisor's name: Sgt. -illegible-	
				207. Supervisor's signature: Signed	208. Date: 03/19/07

PUERTO RICO POLICE DEPARTMENT
ACCIDENT REPORT

Complaint number 07-7-199-1237
Report number 962
Area Bayamón

DESCRIPTION OF ACCIDENT



Investigation [01] 01 place of the accident 02 not at place of accident

Narrative of the Accident:

While the driver of vehicle #1, traveled through Road 177, jurisdiction of Guaynabo in direction from West to East when he arrived to the front of the Urb. Las villas, he did not keep the prudent distance between two vehicles causing that by such carelessness and negligence to impact with the front side the rear side of the vehicle #2, which in turn impacted with its front side the rear side of the vehicle # 3 and vehicle #4.

The vehicle# 3 in turn impacted with the front side the rear side of the vehicle # 5, which in turn impacted with its front side the rear side of the vehicle # 6. The vehicles #1 and #2 were burnt in their entirety. The driver of the vehicle #1, driver of vehicle #2 and its passenger resulted with burns and were transported by Medical Emergency Services of Guaynabo to Rio Piedras Medical Center where they were interned in stable condition. The others who were slightly injured indicated would preferably visit their doctors.

This case will continue to be investigated.

Name of Investigator (PRINT)
Agent Jorge I. Mercado Rodriguez

Police Badge number:28176

Name of investigator (SIGNATURE) *SIGNED*

Date:03/17/07

Supervisor Signature
SIGNED by Sargent- (Sargent's name is illegible)- 8-13183

Date:03/19/07

Puerto Rico Police Department Incident Report						
# Origin: PR PPR10N1 Incident Number 07-7-199-1237						
Type of Report: Supplement						
Offense	Accuser: Agent Jorge I. Mercado Rodríguez		Social Security Number:		Home Phone Number: 786-3002	
	Address: Transit Division of Bayamon				Work Phone Number	
	Incident Address: Road 177 in front Urb. Las Villas				Offense:	
	Offense code	Date of incident 03/25/07	Time of incident 3			
	Prejudice Motivation:					
	Racial:		Religious:			
	Ethnic Origin:		Sexual:			
Offense situation Complete		Delinquent			Breakage of Entrance:	
Place of Offense Road						
Victim	Criminal Activity:					
	Weapon/Force Involved:					
	Victim:				Phone Number	
	Type of victim:	Race	Sex	Residency:	Ethnic Group: Hispanic	Age: D. o. B. Num of Victims:
	Circumstances:			Lesion:		Victims:
	Victim/Delinquent Relation					
Property	Type of loss:	Code	Qty	Description	Value	Date of recovery
	Description of Goods					

Puerto Rico Police Department Incident Report													
# Origin: PR PPR10N1 Incident Number 07-7-199-1237				Type of Report: Supplement									
Arrested		# of delinquents:											
		1		S.S.		Address:							
		Age:	Sex: Race:	Place and D of B		Height	Weight	Eyes	Hair	Clothes			
		2		S.S.		Address:							
		Age:	Race	Place and D of B		Height	Weight	Eyes	Hair	Clothes			
		3		S.S.		Address:							
		Age:	Race	Place and D of B		Height	Weight	Eyes	Hair	Clothes			
Detained		# of Arrested											
				S.S.		Address:							
		Age	Sex	Race	Place and D of B:			Ethnic Group		Residence:			
		Armed with:				Type of Arrest				Minors:			
		Height:	eyes	Hair	Weight	Det #		Date of arrest		Offense arrest code			
Witnesses				Address				Home phone #		Work Phone #			
		1											
		2											
Narrative		To indicate that Mr. [REDACTED] who was wrongfully injured in this case died the date and time indicated previously, in Medical Center of Rio Piedras. The agent # 23620 Rivera of Puerto Nuevo Precinct prepared the report of Dead Person. The agent Acevedo # 4724 from Technical Services of Bayamón took the photos, the District Attorney Jenifer Reyes Martinez of San Juan issued the violation.											
signatures		Arrest performed by:					Date:						
		Prepared by: Agent. Jorge Mercado Rodríguez					Badge: 28176		Date: 03/26/07				
		Supervisor: SIGNED					Badge: 8-10333		Date: 03/28/07				

Puerto Rico Police Department Incident Report							
# Origin: PR PPR10N1 Incident Number 07-7-199-1237 Type of Report: Supplement							
Offense	Accuser: [Redacted]		Social Security Number:		Home Phone Number:		
	Address: Area of Pathology, Medical Center of Rio Piedras				Work Phone Number:		
	Incident Address: Road 177 in front Urb. Las Villas				Offense:		
	Offense code		Date of incident 03/17/07	Time of incident 14			
	Prejudice Motivation: Racial: Religious: Ethnic Origin: Sexual:						
	Offense situation Complete		Delinquent		Breakage of Entrance:		
	Place of Offense Road						
Victim	Criminal Activity:						
	Weapon/Force Involved:						
	Victim [Redacted]				Phone Number		
	Address: Urb [Redacted]						
	Type of victim:		Race	Sex	Residency:	Ethnic Group: Hispanic	Age: D. o. B. Num of Victims:
	Circumstances:			Lesion:		Victims:	
	Victim/Delinquent Relation						
Property	Type of loss:	Code	Qty	Description	Value	Date of recovery	
	Description of Goods						

Puerto Rico Police Department Incident Report												
# Origin: PR PPR10N1 Incident Number 07-7-199-1237			Type of Report: Supplement									
Arrested	# of delinquents:											
	1			S.S.			Address:					
	Age:	Sex: Race:	Place and D of B		Height	Weight	Eyes	Hair	Clothes			
	2			S.S.			Address:					
	Age:	Race	Place and D of B		Height	Weight	Eyes	Hair	Clothes			
	3			S.S.			Address:					
Detained	Age:			Race	Place and D of B		Height	Weight	Eyes	Hair	Clothes	
	# of Arrested											
				S.S.			Address:					
	Age	Sex	Race	Place and D of B:			Ethnic Group		Residence:			
	Armed with:				Type of Arrest				Minors:			
Height:	eyes	Hair	Weight	Det #		Date of arrest		Offense arrest code				
Witnesses				Address				Home phone #		Work Phone #		
	1											
	2											
Narrative	<p>Today, March 25, 2007, at 3:40 a.m., Mr. [REDACTED] died in the Emergency Room of the Rio Piedras Medical Center. He was 42 years old, brown hair, white skin, brown eyes, 290 pounds, 6 feet tall, had no tattoos. He died from trauma and burns received in a car accident occurred on March 17, 2007 at 2:00pm, on the road 177, in front of the garage Shell in Guaynabo. The victim was resident of Urb. Valencia, Calle 13 K-6, Carolina. Born on November 11, 1964, Social Security [REDACTED] Dr. Rodríguez 11434 certified his death. The District Attorney Jennifer Reyes issued the order for autopsy. He was assigned message: 2442</p>											
signatures	Arrest performed by:						Date:					
	Prepared by: Agent. Marcos Rivera Ayala						Badge: 23620		Date: 03/25/07			
	Supervisor: SIGNED						Badge: 8-1764		Date: 03/26/07			

Puerto Rico Police Department Incident Report								
# Origin: PR PPR10N1 Incident Number 07-7-199-1237 Type of Report: Supplement								
Offense	Accuser: Agent Jorge I. Mercado Rodríguez		Social Security Number:			Home Phone Number:		
	Address:					Work Phone Number		
	Incident Address: Road 177 in front Urb. Las Villas					Offense: 1. 5.07		
	Offense code 90-2		Date of incident 03/26/07		Time of incident 13			
	Prejudice Motivation: Racial: Religious: Ethnic Origin: Sexual:							
	Offense situation Complete		Delinquent			Breakage of Entrance:		
	Place of Offense Road							
Victim	Criminal Activity:							
	Weapon/Force Involved:							
	Victim:					Phone Number		
	Type of victim:		Race	Sex	Residency:	Ethnic Group: Hispanic	Age: D. o. B. Num of Victims:	
	Circumstances:				Lesion:		Victims:	
	Victim/Delinquent Relation							
Property	Type of loss:	Code	Qty	Description			Value	Date of recovery
	Description of Goods							

Puerto Rico Police Department Incident Report												
# Origin: PR PPR10N1 Incident Number 07-7-199-1237 Type of Report: Supplement												
Arrested	# of delinquents:											
	1			S.S.			Address:					
	Age:	Sex: Race:	Place and D of B		Height	Weight	Byes	Hair	Clothes			
	2			S.S.			Address:					
	Age:	Race	Place and D of B		Height	Weight	Byes	Hair	Clothes			
	3			S.S.			Address:					
	Age:	Race	Place and D of B		Height	Weight	Byes	Hair	Clothes			
Detained	# of Arrested											
				S.S.			Address:					
	Age	Sex	Race	Place and D of B:			Ethnic Group		Residence:			
	Armed with:				Type of Arrest			Minors:				
	Height:	eyes	Hair	Weight	Det #	Date of arrest		Offense arrest code				
Witnesses				Address				Home phone #		Work Phone #		
	1											
	2											
Narrative	To indicate that the District Attorney Yolanda Morales is waiting for the Sworn Statemnt of the injured to order the case closure. We are making arrangements to expedite this process.											
signatures	Arrest performed by:					Date:						
	Prepared by: Agent. Jorge Mercado Rodríguez					Badge: 28176		Date: 03/26/07				
	Supervisor: SIGNED					Badge: 18069		Date: 03/27/07				

Puerto Rico Police Department Incident Report							
# Origin: PR PPR10N1 Incident Number 07-7-199-1237							
Type of Report: Supplement							
Offense	Accuser: Agent Jorge I. Mercado Rodríguez		Social Security Number:		Home Phone Number: 786-3002		
	Address:				Work Phone Number		
	Incident Address: Road 177 in front Urb. Las Villas				Offense: 5.07 fatal		
	Offense code 90.2		Date of incident 11/04/07	Time of incident 20			
	Prejudice Motivation: Racial: Religious: Ethnic Origin: Sexual:						
	Offense situation Complete		Delinquent		Breakage of Entrance:		
	Place of Offense Road						
Victim	Criminal Activity:						
	Weapon/Force Involved:						
	Victim:				Phone Number		
	Type of victim:		Race	Sex	Residency:	Ethnic Group: Hispanic	Age: D. o. B. Num of Victims:
	Circumstances:			Lesion:		Victims:	
	Victim/Delinquent Relation						
Property	Type of loss:	Code	Qty	Description		Value	
	Description of Goods						

Puerto Rico Police Department Incident Report											
		# Origin: PR PPR10N1 Incident Number 07-7-199-1237		Type of Report: Supplement							
Arrested	# of delinquents:										
	1		S.S.		Address:						
	Age:	Sex: Race:	Place and D of B		Height	Weight	Eyes	Hair	Clothes		
	2		S.S.		Address:						
	Age:	Race	Place and D of B		Height	Weight	Eyes	Hair	Clothes		
	3		S.S.		Address:						
Detained	# of Arrested										
			S.S.		Address:						
	Age	Sex	Race	Place and D of B:			Ethnic Group		Residence:		
	Armed with:				Type of Arrest			Minors:			
	Height:	eyes	Hair	Weight	Det #		Date of arrest		Offense arrest code		
Witnesses			Address				Home phone #		Work Phone #		
	1										
	2										
Narrative	To indicate that this case was brought before the District Attorney Yolanda Morales, that after evaluating all the evidence, she determined to order the closure of the same.										
signatures	Arrest performed by:					Date:					
	Prepared by: Agent. Jorge Mercado Rodríguez					Badge: 28176		Date: 11/04/07			
	Supervisor: SIGNED					Badge: 24307		Date: 11/07/07			

Puerto Rico Police Department Incident Report						
# Origin: PR PPR10N1 Incident Number 07-7-199-1237		Type of Report: Supplement				
Offense	Accuser: Agent Jorge I. Mercado Rodríguez		Social Security Number:		Home Phone Number: 786-3002	
	Address: Transit Division of Bayamon				Work Phone Number	
	Incident Address: Road 177 in front Urb. Las Villas				Offense: 5.07 fatal	
	Offense code 90-2		Date of incident 03/17/07	Time of incident 3		
	Prejudice Motivation: Racial: Religious: Ethnic Origin: Sexual:					
	Offense situation Complete		Delinquent		Breakage of Entrance:	
	Place of Offense Road					
Victim	Criminal Activity:					
	Weapon/Force Involved:					
	Victim:				Phone Number	
	Type of victim: Race Sex Residency: Ethnic Group: Age: D. o. B. Num of Victims:					
	Circumstances:			Lesion:		Victims:
	Victim/Delinquent Relation					
	Property	Type of loss:	Code	Qty	Description	Value
Description of Goods						

Puerto Rico Police Department Incident Report											
# Origin: PR PPR10N1 Incident Number 07-7-199-1237			Type of Report: Supplement								
Arrested	# of delinquents:										
	1		S.S.			Address:					
	Age:	Sex: Race:	Place and D of B		Height	Weight	Eyes	Hair	Clothes		
	2		S.S.			Address:					
	Age:	Race	Place and D of B		Height	Weight	Eyes	Hair	Clothes		
	3		S.S.			Address:					
Detained	# of Arrested										
			S.S.			Address:					
	Age	Sex	Race	Place and D of B:			Ethnic Group		Residence:		
	Armed with:				Type of Arrest			Minors:			
	Height:	eyes	Hair	Weight	Det #		Date of arrest		Offense arrest code		
Witnesses			Address				Home phone #		Work Phone #		
	1										
	2										
Narrative	To indicate that this case will be investigated as serious as Mr. Cesar Ramos Corona who was injured, is in critical condition in the Rio Piedras Medical Center, according to information from Dr. Hernandez 5635. This case was consulted with the District Attorney Yolanda Morales.										
signatures	Arrest performed by:					Date:					
	Prepared by: Agent. Jorge Mercado Rodríguez					Badge: 28176		Date: 03/19/07			
	Supervisor: SIGNED					Badge: 8-10333		Date: 03/19/07			

Puerto Rico Police Department Incident Report						
# Origin: PR PPR10N1 Incident Number 07-7-199-1237 Type of Report: Supplement						
Offense	Accuser: Agent Jorge I. Mercado Rodríguez		Social Security Number:		Home Phone Number: 786-3002	
	Address: Transit Division of Bayamon				Work Phone Number	
	Incident Address: Road 177 in front Urb. Las Villas				Offense:	
	Offense code	Date of incident 03/25/07	Time of incident 3			
	Prejudice Motivation: Racial: Religious: Ethnic Origin: Sexual:					
	Offense situation Complete	Delinquent			Breakage of Entrance:	
	Place of Offense Road					
	Victim	Criminal Activity:				
Weapon/Force Involved:						
Victim:				Phone Number		
Type of victim:		Race	Sex	Residency:	Ethnic Group: Hispanic	Age: D. o. B. Num of Victims:
Circumstances:			Lesion:		Victims:	
Victim/Delinquent Relation						
Property		Type of loss:	Code	Qty	Description	Value
	Description of Goods					

Puerto Rico Police Department Incident Report												
# Origin: PR PPR10N1 Incident Number 07-7-199-1237			Type of Report: Supplement									
Arrested	# of delinquents:											
	1			S.S.			Address:					
	Age:	Sex: Race:	Place and D of B	Height	Weight	Eyes	Hair	Clothes				
	2			S.S.			Address:					
	Age:	Race	Place and D of B	Height	Weight	Eyes	Hair	Clothes				
	3			S.S.			Address:					
Detained	# of Arrested 1											
				S.S.			Address:					
	Age	Sex	Race	Place and D of B:			Ethnic Group		Residence:			
	Armed with:				Type of Arrest				Minors:			
	Height:	eyes	Hair	Weight	Det #	Date of arrest		Offense arrest code				
Witnesses				Address				Home phone #		Work Phone #		
	1											
	2											
Narrative	In relation to this fatal accident, the measurements were taken by the undersigned as well on Sunday, August 27, 2006 at 5:00pm, as the photographs of the site. The vehicles were taken by the Agent José Feliciano, badge13552 of the Technical Services Unit of the CIC of Ponce. I also went to the District Attorney Office where the District Attorney Ernesto Quesada was not available to meet me. I will keep in contact with the District Attorney Office to be summon again.											
signatures	Arrest performed by:					Date:						
	Prepared by: Agent. Jorge Mercado Rodríguez					Badge: 28176		Date: 03/26/07				
	Supervisor: SIGNED					Badge: 8-10333		Date: 03/28/07				

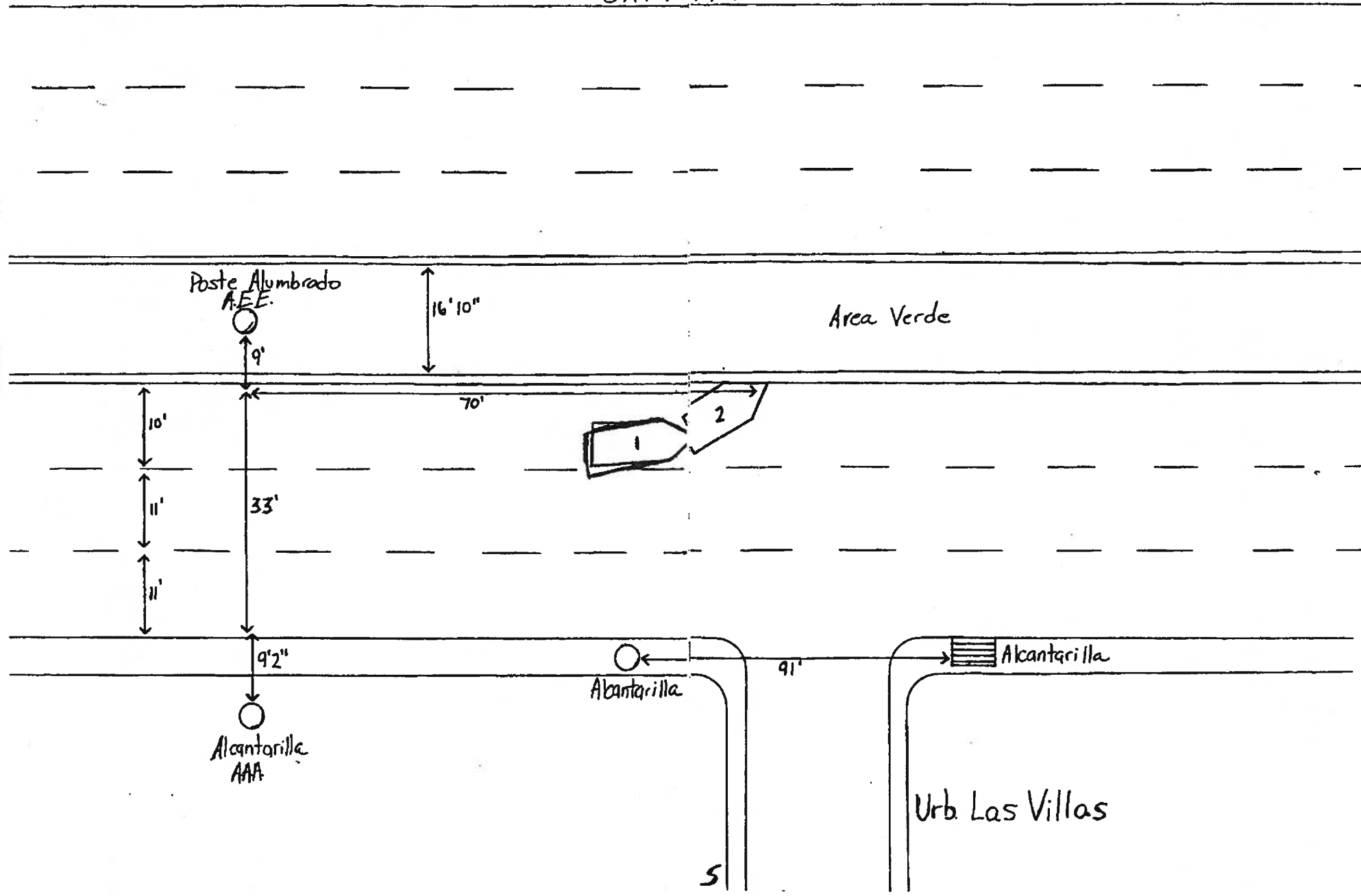
Puerto Rico Police Department Incident Report								
		# Origin: PR PPR10N1 Incident Number 07-7-199-1237			Type of Report: Supplement			
Offense	Accuser: Agent Jorge I. Mercado Rodríguez		Social Security Number:			Home Phone Number: 786-3002		
	Address: Transit Division of Bayamon					Work Phone Number		
	Incident Address: Road 177 in front Urb. Las Villas					Offense:		
	Offense code		Date of incident 03/25/07	Time of incident 3				
	Prejudice Motivation: Racial: _____ Religious: _____							
	Ethnic Origin: _____ Sexual: _____							
	Offense situation Complete		Delinquent			Breakage of Entrance:		
Place of Offense Road								
Victim	Criminal Activity:							
	Weapon/Force Involved:							
	Victim:					Phone Number		
	Type of victim:		Race	Sex	Residency:	Ethnic Group: Hispanic	Age: D. o. B. Num of Victims:	
	Circumstances:				Lesion:		Victims:	
	Victim/Delinquent Relation							
Property	Type of loss:	Code	Qty	Description			Value	Date of recovery
	Description of Goods							

Puerto Rico Police Department Incident Report												
# Origin: PR PPR10N1 Incident Number 07-7-199-1237			Type of Report: Supplement									
Arrested	# of delinquents:											
	1			S.S.			Address:					
	Age:	Sex: Race:	Place and D of B	Height	Weight	Eyes	Hair	Clothes				
	2			S.S.			Address:					
	Age:	Race	Place and D of B	Height	Weight	Eyes	Hair	Clothes				
	3			S.S.			Address:					
	Age:	Race	Place and D of B	Height	Weight	Eyes	Hair	Clothes				
Detained	# of Arrested 1											
				S.S.			Address:					
	Age	Sex	Race	Place and D of B:			Ethnic Group		Residence:			
	Armed with:				Type of Arrest				Minors:			
	Height:	eyes	Hair	Weight	Det #	Date of arrest		Offense arrest code				
Witnesses				Address				Home phone #		Work Phone #		
	1											
	2											
Narrative	In relation to this fatal accident, the measurements were taken by the undersigned as well on Sunday, August 27, 2006 at 5:00pm, as the photographs of the site. The vehicles were taken by the Agent José Feliciano, badge13552 of the Technical Services Unit of the CIC of Ponce. I also went to the District Attorney Office where the District Attorney Ernesto Quesada was not available to meet me. I will keep in contact with the District Attorney Office to be summon again.											
signatures	Arrest performed by:					Date:						
	Prepared by: Agent. Jorge Mercado Rodríguez					Badge: 28176		Date: 03/26/07				
	Supervisor: SIGNED					Badge: 8-10333		Date: 03/28/07				

Puerto Rico Police Department Incident Report							
# Origin: PR PPR10N1 Incident Number 07-7-199-1237 Type of Report: Supplement							
Offense	Accuser: Agent Jorge I. Mercado Rodríguez		Social Security Number:		Home Phone Number: 786-3002		
	Address: Transit Division of Bayamon				Work Phone Number		
	Incident Address: Road 177 in front Urb. Las Villas				Offense:		
	Offense code	Date of incident 03/25/07	Time of incident 3				
	Prejudice Motivation:						
	Racial:		Religious:				
	Ethnic Origin:		Sexual:				
	Offense situation Complete		Delinquent		Breakage of Entrance:		
Place of Offense Road							
Victim	Criminal Activity:						
	Weapon/Force Involved:						
	Victim:				Phone Number		
	Type of victim:	Race	Sex	Residency:	Ethnic Group: Hispanic	Age: D. o. B. Num of Victims:	
	Circumstances:			Lesion:		Victims:	
	Victim/Delinquent Relation						
Property	Type of loss:	Code	Qty	Description		Value	Date of recovery
	Description of Goods						

Puerto Rico Police Department Incident Report											
# Origin: PR PPR10N1 Incident Number 07-7-199-1237			Type of Report: Supplement								
Arrested	# of delinquents:										
	1		S.S.			Address:					
	Age:	Sex: Race:	Place and D of B		Height	Weight	Eyes	Hair	Clothes		
	2		S.S.			Address:					
	Age:	Race	Place and D of B		Height	Weight	Eyes	Hair	Clothes		
	3		S.S.			Address:					
Detained	# of Arrested 1										
			S.S.			Address:					
	Age	Sex	Race	Place and D of B:			Ethnic Group		Residence:		
	Armed with:				Type of Arrest			Minors:			
	Height:	eyes	Hair	Weight	Det #		Date of arrest		Offense arrest code		
Witnesses			Address				Home phone #		Work Phone #		
	1										
	2										
Narrative	In relation to this fatal accident, the measurements were taken by the undersigned as well on Sunday, August 27, 2006 at 5:00pm, as the photographs of the site. The vehicles were taken by the Agent José Feliciano, badge 13552 of the Technical Services Unit of the CIC of Ponce. I also went to the District Attorney Office where the District Attorney Ernesto Quesada was not available to meet me. I will keep in contact with the District Attorney Office to be summoned again.										
signatures	Arrest performed by:					Date:					
	Prepared by: Agent. Jorge Mercado Rodríguez					Badge: 28176		Date: 03/26/07			
	Supervisor: SIGNED					Badge: 8-10333		Date: 03/28/07			

N
CARR. 177



-TRANSLATION-

**DEPARTMENT OF JUSTICE
INVESTIGATIONS UNIT OF BAYAMÓN**

PEOPLE OF PUERTO RICO

VS

BY: IN RE: CESAR O. RAMOS GERENA

(Offenses)

SWORN STATEMENT OF AGENT JORGE I. MERCADO RODRIGUEZ, BADGE NUM. 28176; MARRIED. In BAYAMÓN, JUNE 13, 2007. I, AGENT JORGE I. MERCADO RODRIGUEZ, BADGE NUM. 28176 resident in (City) with residence in (Address). Phone number (Residential Phone Number) and working in the PUERTO RICO POLICE, BAYAMÓN TRANSIT DIVISION. Social Security _____, driver's license number _____ and of 30 years of age, I appear before the Prosecutor and after being spontaneously and lawfully warned under oath I declare:

That on March 17, 2007 approximately at 2:15 pm I was preventively patrolling in my official identified vehicle in the Bayamón area when I received through my radio a communication about a Car Accident with injured people on Road 177 in front of Las Villas Housing Development in Guaynabo's jurisdiction. When I got to the place, I noticed that there where two fully burned vehicles. Where one of the vehicles was a Mercury Gran Marquis, white color, year 1994, Plate number [REDACTED] droved by a man who was identified as: [REDACTED] and the other vehicle: a JEEP CHEROKEE, gray color, year 1999, Plate number [REDACTED] droved by a woman identified as: [REDACTED] and in the back of the vehicle was found a minor of age. [REDACTED] plaque number [REDACTED] and woman police Officer Witmarie Class, badge number 395 from the Guaynabo Municipal Police where the first to get to the scene where there where two other Municipal Police Officers, The Medical Emergencies Unit, the Puerto Rico Firefighters, an the Puerto Rico State Police. The Municipal Police Officers that where at the scene, informed me that the paramedics

where attending three (3) persons which resulted in burns in different parts of their bodies. They also indicated that there were 4 more vehicles parked at the shoulder of the avenue that resulted in the same accident. From there I interviewed the driver of the Honda Odyssey, gold color, Plate number [REDACTED], year 2003, driven by a woman named [REDACTED], which resulted in injured and in this vehicle was a minor of age passenger in the backseat who received minor injuries. Then I interviewed the driver of vehicle Toyota Yaris, black color, plate number [REDACTED] driven by a woman identified as [REDACTED] in the passenger seat traveled a man identified as [REDACTED] both resulted in minor injuries. Then I interviewed the driver of vehicle Pontiac Sunfire, year 2002, plate number [REDACTED] driven by [REDACTED] and as passenger in the front, his wife [REDACTED], both resulted with minor injuries; and at last the driver of vehicle Ford Explorer, burgundy color, year 2002, plate number [REDACTED] driven by a woman identified as [REDACTED]. From the investigation realized it is concluded that while the vehicle Mercury Gran Marquis traveled on Road 177, Guaynabo jurisdiction, from West to East reached the area of Las Villas Housing Development through the center lane not keeping proper distance from the other vehicle he negligently hit the rear part of the Honda Odyssey and the Ford Explorer. Vehicle Honda Odyssey hits with its front part the rear part of the Toyota Yaris which impacts with its front part the rear part from the Pontiac Sunfire. The three (3) persons that resulted with burns in different part of their bodies were: [REDACTED] [REDACTED] and the minor of age that traveled with her, which were all taken by Guaynabo Medical Emergencies to Medical Center Hospital in Rio Piedras, where allegedly their condition was stable. On Monday, March 19, 2007 I went to Medical Center Hospital in Rio Piedras to verify the conditions of the injured there reclused, where Dr. Hernandez with professional license number 5635 informed me that Mr. [REDACTED] was in critical condition for second and third degrees burns, and a burned lung caused by the inhalation of smoke being that the reason of why he had a respirator tube, he also indicated that Mrs. [REDACTED] was in a stable condition. Then I went to pediatrics to verify the minor's condition where Dr. Ricardo Garcia, with professional license number

13875 informed me that the minor was in a delicate condition with first and second degrees burns. Then I went to the Prosecutor's office in Bayamón where I consulted the case with Prosecutor Yolanda Morales Ramos who after hearing the evidence, ordered that all the involved vehicles were occupied for an inspection since the case would be investigated as a serious accident. After that, I went to the accident area where I took the measurements of the area and where Agent Salgado, badge number 10402, from the Technical Services Division of Bayamón photographed the area and then he went to the Bayamón Transit Division and photographed the occupied vehicles. The same were returned to their respective owners within the period provided by the law. Posterior, on March 26, 2007, in the hours of the early morning, Mister [REDACTED], driver of the Mercury Gran Marquis, died in the Medical Center Hospital of Rio Piedras. There went Agent Marcos Rivera, badge number 23620 from the Puerto Nuevo Precinct who prepared the Dead Person Report. Agent Eddie Acevedo, badge number 4724 from the Technical Services Division of Bayamón took photos of the dead person. Prosecutor Jennifer Reyes Martinez from the San Juan Prosecutors Office prepared the Autopsy Order Ballot. The Institute of Forensic Sciences emitted the Death Certificate on March 27, 2007, in which it appears as cause of death SUPERFICIAL CORPORAL BURNS; RESPIRATORY ANGUISH SINDROME; AND SEPSIS AS A LATE COMPLICATION. Mrs. [REDACTED] was summoned to appear before this Prosecutors Office today, June 13, 2007, I explained her that her appearance was to close the case due to the death of the person that caused the accident, notwithstanding she said she could not appear since she is receiving therapies and at the same time she is not prepared to attend the process.

Sworn Statement Num. 0396
Time: 3:35 pm

-Signed- Agent Jorge I. Mercado Rodriguez #28176

Sworn and subscribed before me today June 13, 2007.

-SEAL-
BRENDA SANTIAGO CRUZ (INVESTIGATING STENOGRAPHER)

Department of
Justice
Commonwealth of
Puerto Rico
Prosecutors Office

-Signed- Yolanda Morales Ramos
(Prosecutor that took the statement)
U.I.B. (Prosecutor Office Division)

MATTER # 1191285
FILE TYPE Legal Claim
FILE NAME [REDACTED]
CAIR # 19171811
DATE OF INCIDENT 3/17/07
DATE OF NOTICE 4/15/08
MODEL/MODEL YEAR 1999 Jeep Grand Cherokee (WJ)
VIN 1J4G258S4XC [REDACTED]
MILEAGE
OWNER [REDACTED]
Chalets of Santa Barbara Ruisenos Street AB-7, Gurabo, Puerto Rico 00778
DESCRIPTION On March 17, 2007, [REDACTED] was driving a 1999 Jeep Grand Cherokee (WJ) with her minor son, Fernando, as a passenger when they stopped at a traffic light on Road 177 near Guaynabo, Puerto Rico. The Jeep Grand Cherokee (WJ) was struck in the rear by a Mercury Grand Marquis operated by Cesar O. Ramos Gerena. The impact between the Mercury Grand Marquis and the Jeep Grand Cherokee (WJ) caused a chain reaction accident involving four other vehicles.
PROPERTY DAMAGE ALLEGED No
INJURIES 2
FATALITIES 1
ANALYSIS The 1999 Jeep Grand Cherokee (WJ) was not inspected and Chrysler Group is unable to confirm that, as a result of the accident, the fuel tank ruptured or that the origin of the fire was at the fuel tank. Based on the police accident report and other available information, Chrysler Group concludes that the accident was caused by the driver of the Mercury Grand Marquis who failed to maintain the proper distance behind the Jeep Grand Cherokee (WJ). Chrysler Group is unable to identify an approximate relative velocity at impact between the Jeep Grand Cherokee (WJ) and the Mercury Grand Marquis. However, photographs of the vehicles taken at the accident scene reflect severe damage to the rear end of the Jeep Grand Cherokee (WJ) and the front end of the Mercury Grand Marquis consistent with a relative velocity at impact in excess of 45-50 mph. (See Enclosure 4 Bates Nos. PE10-031-Chrysler-000106-107.)

Customer Assistance Inquiry Record (CAIR)#	4362190
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Vin	1J4GZ58Y0	SC [REDACTED]	Open Date	09/11/1997	Build Date	08/04/1994
Model Year	95	Body	ZJL74	JEEP GRAND CHEROKEE		
In Service Dt	08/22/1994	Dealer	99999	Dealer Zone	Mileage	1
Name:	[REDACTED]			Contact Type	TELEPHONE	
Address	[REDACTED]			Home Phone	[REDACTED]	
	SPRING GROVE PA [REDACTED]			Country	UNITED STATES	

Product - Unknown - Unknown - Fire - Unknown	
----------------------------------------------	--

Information received from letter thru reimbursement. Address verified from envelop.

Second owner claims there is a design flaw where gas tank is located. Owner claims was rearended in October, 1996 by a small truck. Owner says vehicle immediately engulfed in flames. Owner says they will never drive this type vehicle again and is telling others. Writer left owner message to call back with following information and file number.

- Where is vehicle located
- Alledged injuries
- Mileage
- Insurance name and number/address
- Chrysler dealer if she uses one
- What owner wants from Chrysler
- Second number _

MATTER #

FILE TYPE Customer Assistance Inquiry Report

FILE NAME [REDACTED]

CAIR # 4362190

DATE OF INCIDENT 10/14/1996

DATE OF NOTICE 9/11/97

MODEL/MODEL YEAR 1995 Jeep Grand Cherokee (ZJ)

VIN 1J4GZ58Y0SC [REDACTED]

MILEAGE Unknown

OWNER [REDACTED]
[REDACTED]
Spring Grove, Pennsylvania [REDACTED]
[REDACTED]

FIRE ALLEGED Yes

DESCRIPTION On or about October 14, 1996 [REDACTED] was operating his 1995 Jeep Grand Cherokee (ZJ) on Route 120 in Clinton County, Pennsylvania with his wife as a passenger in the vehicle. When he stopped behind a freight truck that was making a left hand turn, the Jeep Grand Cherokee (ZJ) was struck in the rear by a pickup truck and a fire ensued.

PROPERTY DAMAGE ALLEGED No

INJURIES 2

FATALITIES 0

ANALYSIS The 1995 Jeep Grand Cherokee (ZJ) involved in the accident was not inspected and Chrysler Group is unable to confirm that, as a result of the accident, the fuel tank ruptured or that the origin of the fire was the fuel tank. Chrysler Group has been unable to obtain a police accident report. Because Chrysler Group has limited information related to the accident, it has not determined a likely relative velocity at impact of the pickup truck into the rear of the Jeep Grand Cherokee (ZJ). However, based on an interview with the owner (and driver at the time of the accident) of the Jeep Grand Cherokee (ZJ), Chrysler Group concludes that the relative velocity at impact was in excess of 40-45 mph. This is consistent with the owner's description that at impact the Jeep Grand Cherokee (ZJ) was pushed into the freight truck and that the front and rear of the vehicle were completely crushed. The vehicle owner's description is also consistent with the interposition of the Jeep Grand Cherokee (ZJ) between the freight truck and the pickup truck, which likely increased the crash forces acting on the vehicle.

Customer Assistance Inquiry Record (CAIR)#**10188719**

Vin	1J4GZ78Y5	WC	1	Open Date	07/09/2002	Build Date	01/30/1998
Model Year	98	Body	ZJL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	06/06/1998	Dealer	23153	Dealer Zone	32	Mileage	66,000
Name:						Contact Type	TELEPHONE
Address						Home Phone	
	GREAT NECK NY					Country	UNITED STATES

Product - Unknown - Unknown - Fire - Fire in Trunk

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

Customer claims he was traveling eastbound on Interstate 81 in PA. He claims the vehicle behind him rear-ended the vehicle causing it to burst into flames.

Description of the incident (what, when, where, injuries, etc)

6/30/02

I-81 in PA near exit 85

Just sore necks.

Has the owners insurance company been contacted ?

Yes

If yes provide name/policy number and phone number

State Farm

Where is the vehicle exactly located (provide name/address/phone #)

NO ANSWER PROVIDED BY AGENT

Is there property damage or other vehicles involved in the accident?

Just the vehicle that ran into the back of the vehicle.

Has a Police or Fire report been filed (what municipality & report #)

Yes, police

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

Customer calls seeking compensation from DCX for the vehicle fire concern. He did not have all of the needed information, so he will call back on 7/10/02. Once the customer calls back agent will send this information to special investigations for review. No commitment or decision was given tot he customer.

7/10/02 Customer calls agent and left a call back message.

7/11/02 Called the customer and left a call back message with Jessica.

7/11/02 Customer called stating the

Insurance policy number:

Claim:

Agent: Jay Scheick

7/11/02 OwnerÆs wife stated the vehicle was towed to Joe MayÆs Exxon

(516) 652-3821. Called and spoke with Joe at Exxon. He stated the

vehicle was towed to

CENTRAL PEN SALES

795 SIPE RD

PO BOX 397

YORK HAVEN PA 17370-0397

(717)938-1879

***** Alleged Fire Due to Rear End Crash *****

Please arrange for investigation, provide PVIR and photos.

CAIR NUMBER 10188719 REQUEST EAA INSPECTION 07-11-2002 15:58

CAIR NUMBER 10188719 E-MAIL SENT TO EAA 07-11-2002 15:59

071702 - Report rec'd - no manuf resp associated w incident.

Gas tank missing at time of inspection.

072202 - letter sent

7/22/02 Customer calls agent seeking an update to the above fire. Called

the customer and left a message with ôGigitö stated a letter was sent out

with DCX position and findings.

7/24/02 Customer calls back seeking an update? Informed the customer a letter was sent on 7/22/02 with DCX position and the investigation findings.

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 08/14/02 AT 00:00 10188719



28635 Mound Road
Warren, Michigan 48092-3499
(586) 753-3326
FAX (586) 753-3335

**Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation**

Owner: [REDACTED]

Project No. DAIM-0001

CAIR No. [REDACTED]

TO: Tom Samuels

FROM: Tina Martin

Date Sent: 7-15-02

DUE DATE: ASAP Please ✓

***PLEASE ACKNOWLEDGE PROMPTLY BY FAX OR EMAIL**

***Receipt of CAIR and Accepting case for investigation?** Yes No

Date: 7-15-02

**Coversheet for DaimlerChrysler (Service Associate Use Only)
(Also fax or email to EAA for closure)**

*Closure Date: 7-16-02

DaimlerChrysler Fax No.: 248-512-8748

Grzelka (248) 944-7089

Bennis (248) 944-7036

Martell (248) 944-7038

Bott (248) 944-7056

Susalla (248) 944-7149

Gilbert (248) 944-7037

Porterfield (248) 944-7134

Comments: **THANKS /** Yes

CAIR 10188719



Vehicle Fire Investigation Repo

YEAR 98	MODEL Jeep Cherokee	VEHICLE IDENTIFICATION NUMBER 1J4G121781Y51wlc	COUNTRY BURNT	AREA BURNT	DATE OF FIRE 6-6-98
MILEAGE (66,000+) MILES	CITY GREAT NECK	STATE NY	ZIP 11020	DEALER NAME WEST BURY Jeep	CITY WESTBURY
STATE NY					

INTERVIEW

INTERVIEW WITH [REDACTED]	NAME [REDACTED]	INTERVIEW DATE 07/16/02	TIME OF FIRE 06:30 P.M.	DATE OF FIRE 6-6-98	INSPECTOR DATE 07/16/02
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1. DESCRIPTION OF EVENT
Vehicle inspected on 7-16-02 AT CENTRAL Penn SALES IN Newberrytown, York Haven, PA. SALVAGE YARD - Vehicle was Rear-ended on I-81 EAST.

2. VEHICLE WAS FIRE DAMAGED BY:
 REAR OF VEHICLE
 FRONT OF VEHICLE
 LEFT SIDE
 RIGHT SIDE
 FRONT END
 REAR END
 CENTER

3. WHERE AREA OF GENERAL ORIGIN (ORIGIN) WAS FIRE NOTICED (REPORTED) LOCATION OF DAMAGE ORIGIN AS NOTED FROM DRIVER'S SEAT:
GAS TANK

4. HOW LONG DID FIRE BURN AND METHOD USED TO EXTINGUISH IT:
ONE HOUR - BURNED UP TOTALLY.

5. DID ANY PERSONS AND/OR ANIMALS SUFFER INJURIES OR DEATHS AS A RESULT OF THIS FIRE?
NO

6. WERE ANY OCCUPANTS IN VEHICLE AT TIME OF FIRE?
NO

7. ANY ADDED ACCESSORY EQUIPMENT OR MODIFICATIONS TO VEHICLE?
NO

8. ANY ADDED PERSONAL PROPERTY IN VEHICLE?
NO

9. DID YOU CONTACT YOUR INSURANCE COMPANY?
YES - STATE FARM INS.

10. WERE YOU OR ANYONE IN YOUR FAMILY OR EMPLOYED BY YOU AT THE TIME OF THE FIRE?
NO

INVESTIGATION (EXPECT ITEMS ON REVERSE SIDE BEFORE PROCEEDING)

ORIGINAL SCENE (CHECK THE AREA WITH MOST DAMAGE)	<input type="checkbox"/> REAR	<input type="checkbox"/> FRONT	<input type="checkbox"/> LEFT SIDE	<input type="checkbox"/> RIGHT SIDE	<input type="checkbox"/> CENTER	<input type="checkbox"/> OTHER
IDENTIFY POINT OF DAMAGE	TOTAL	4	1	2	1	1

DETERMINATION OF ORIGIN AND POSSIBLE CAUSE

ORIGIN APPEARS TO BE IN THE AREA OF:
REAR OF VEHICLE WAS DAMAGED - GAS TANK MISSING - VEHICLE WAS IN TOTAL FLAMES -

OWNER STATED - GAS TANK AREA - FIRE DEPT. CAME TO LATE - TOTAL VEHICLE BLAZING INFERNO.

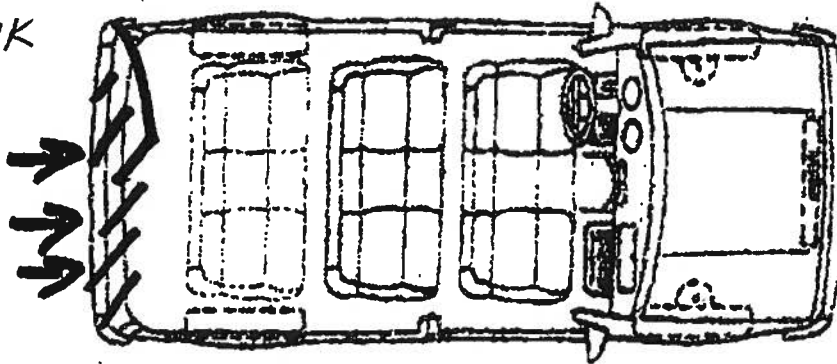
REAR END DAMAGED - BUT EVERYTHING IN AND ON VEHICLE WAS BURNT. CAUSE COULD NOT BE DETERMINED - GAS TANK MISSING

INSURANCE COMPANY Tom Samuels - (EAA-)	PHONE WASH DC 2681841	DAMAGE CLASS (CHECK ONE) <input type="checkbox"/> BELL <input type="checkbox"/> COMPANY USE	<input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR	REPAIR ESTIMATE TOTAL -
--------------------------------------------------	---------------------------------	---------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	-----------------------------------

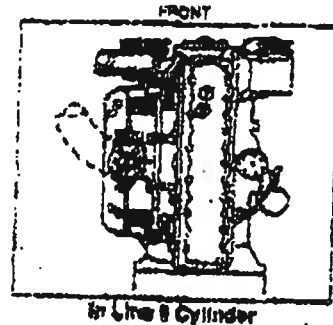
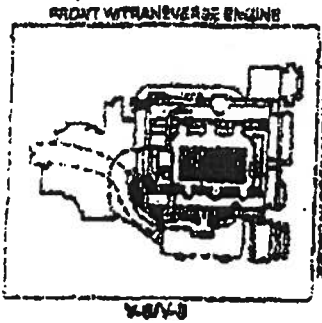
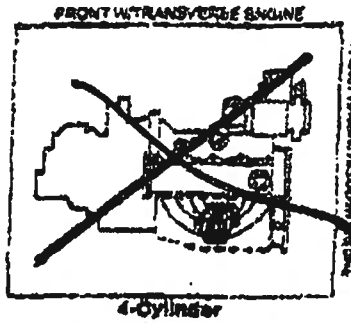
CAIR# 10188719

LINE IN (CROSS HATCH) AREA MOST SEVERELY AFFECTED (IE: SKETCH KEY COMPONENTS/SECTION, AS REQUIRED) (EX. AXLE, FUEL LINES, WIRES, FUEL HOSES OR TUBES, POWER STEERING HOSES OR TUBES, ETC.)

GAS TANK missing ←



Nothing left of vehicle - TOTAL BURNED:
SEATS
DASH
TIRES
ALL PAINT
ENGINE
ELECTRICAL WIRES
BATTERY BLOW-UP



INSPECTION LIST (CHECK OFF AND NOTE OBSERVATIONS WHERE APPLICABLE TO DETERMINE POSSIBLE ORIGIN AND CAUSE. ADD ADDITIONAL COMMENTS BELOW)
CHECK VEHICLE HISTORY FILE. *ALL DONE - RECALLS*

- OWNER STATED FIRE STARTED AT REAR - GAS TANK AREA.*
- GAS TANK WAS MISSING - ALSO OTHER PARTS*
- BURNED*
- BURNED*
- BURNED*
- BURNED*
- BURNED*
- BURNED*
- BURNED*
- BURNED*
- BURNED*
- BURNED*
- BURNED*

ADDITIONAL COMMENTS: *GAS TANK WAS MISSING, ALSO DRIVESHAFT - VEHICLE TOTALLY BURNED - UP - TIRES - SEAT - BODY - ENGINE - NO WAY TO TELL WHERE FIRE STARTED - VEHICLE WIRING ALL BURNED - BATTERY BLOW-UP THE REAR-END WAS DAMAGED - IMPACTED BY ANOTHER VEHICLE.*

APPROVAL OF THIS REPORT, IF AVAILABLE TO THE REPORTING OFFICER (S) AND/OR SUPERVISOR(S)
DATE OF REPORT: *07/15/02*

NOTE: PRIOR APPROVAL IS REQUIRED BEFORE ANY KIND OF FURNISHING THIS REPORT TO PERSONS NOT IN THE EMPLOY OF CHRYSLER CORPORATION.

DISTRIBUTION: RETAIN ORIGINAL COPY FOR FORD OWNER RELATIONS ALL
OTHERS OR DEALER COPIES: FORWARD ORIGINAL TO REP DIVISION SPECIAL INVESTIGATION DEPARTMENT DEALER UNQUOTE OR CARRIER: FORWARD ORIGINAL TO REP DIVISION





MATTER #

FILE TYPE Customer Assistance Inquiry Report

FILE NAME [REDACTED]

CAIR # 10188719

DATE OF INCIDENT 6/30/02

DATE OF NOTICE 7/9/02

MODEL/MODEL YEAR 1998 Jeep Grand Cherokee (ZJ)

VIN 1J4GZ78Y5WC [REDACTED]

MILEAGE 66,000

OWNER [REDACTED]
[REDACTED] Great Neck, New York
[REDACTED]

FIRE ALLEGED Yes

DESCRIPTION On June 30, 2002 [REDACTED] was driving his 1998 Jeep Grand Cherokee (ZJ) on eastbound I-81 in Pennsylvania. The Jeep Grand Cherokee (ZJ) was struck in the rear by an unidentified vehicle and a fire ensued.

PROPERTY DAMAGE ALLEGED No

INJURIES 1

FATALITIES 0

ANALYSIS The 1998 Jeep Grand Cherokee (ZJ) was inspected, but the fuel tank was missing at the time of the inspection. The owner reported that the fire started at the fuel tank of the Jeep Grand Cherokee (ZJ); however, because the fuel tank was not available for inspection, Chrysler Group is unable to confirm that, as a result of the accident, the fuel tank ruptured or that the origin of the fire was the fuel tank. Chrysler Group has also been unable to obtain a police accident report. Because Chrysler Group has limited information regarding the accident, it has not determined a likely relative velocity at impact of the vehicle that struck the rear of the Jeep Grand Cherokee (ZJ) and is unable to draw any conclusions about the mass of the striking vehicle. Based on vehicle damage, it is likely that the impacting vehicle underrode the rear of the Jeep Grand Cherokee (ZJ). The damage to the remains of the Jeep Grand Cherokee (ZJ) (without the fuel tank), is depicted in the photographs in Enclosure 4 Bates Nos. PE10-031-Chrysler-000153-154.

Customer Assistance Inquiry Record (CAIR)#**4679648**

Vin	1J4GZ58S7	VC [REDACTED] 8	Open Date	03/03/1998	Build Date	09/05/1996	
Model Year	97	Body	ZJL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	10/05/1996	Dealer	23122	Dealer Zone	32	Mileage	13,726
Name:	[REDACTED]				Contact Type	TELEPHONE	
Address	[REDACTED]				Home Phone	[REDACTED]	
	SCOTCH PLAINS NJ [REDACTED]				Country	UNITED STATES	

Product - Unknown - Unknown - Fire - Unknown

Cust. States veh. Exploded

03/03/98 Z/O received letter from cust. dated 2/26/98. Cust. letter related that two weeks prior to letter being written cust. daughter stopped at _ traffic light and was hit in the rear of veh. Cust. explained that within moments veh. was on fire because gas tank had been hit. Within minutes the veh. exploded. Cust. seeking financial assistance loss of veh. and assistance with new lease._CAIR being reassigned to DRM8 for investigation. Please handle as per procedure. Thank you. TNL2

Cust. can be reached during business hours at [REDACTED] and at home at [REDACTED]

3/3/98-I contacted owner....I need name, address and phone # of vehicle location..drm

3/3/98-Please reopen cair and place in my in basket once owner has provided info...thank you...drm

7/8/98-Received arb forum.....will fax and cims to warranty lit...drm

[REDACTED]

416 796 48

VC 529 758

[REDACTED]

[REDACTED]

Dear Chrysler Corporation:

I think it is important to know about the following questionable safety features of your Jeep Grand Cherokee.

In October of 1996, I leased a 1997 Grand Cherokee. Two weeks ago, my daughter was stopped at a traffic light and was hit in the rear of the vehicle. Within moments, the Jeep was on fire because the gas tank had been hit. The driver-side door was already in flames when she jumped out of the car. Within minutes, the car blew up.

As far as the condition of my daughter is concerned, I am the luckiest person alive. She was not harmed physically.

However, in thinking about this afterwards, I can only imagine how horrible a situation it would be, if a driver had to remove a child from a car seat, or could not get out of the car within moments.

In addition to the mental trauma that my daughter and I have experienced, I am now put in a position to lease another car and must realize the financial impact of paying the up front expenses for a another new vehicle. The financial investment I made in the Jeep is lost.

I feel you should take some responsibility for both the redesign of this vehicle and my financial loss. I hope to hear from you as soon as possible regarding this matter.

[REDACTED]

Website: <http://GandMAdAgency.com>
MailBox@GandMAdAgency.com

MATTER #
FILE TYPE Customer Assistance Inquiry Report
FILE NAME [REDACTED]
CAIR # 4679648
DATE OF INCIDENT February 1998
DATE OF NOTICE 3/3/1998
MODEL/MODEL YEAR 1997 Jeep Grand Cherokee (ZJ)
VIN 1J4GZ58S7VC [REDACTED]
MILEAGE 13,726
OWNER [REDACTED]
[REDACTED], Scotch Plains, NJ [REDACTED]
[REDACTED]
FIRE ALLEGED Yes
DESCRIPTION In February 1998, the daughter of [REDACTED] was stopped at a traffic light in her mother's 1997 Jeep Grand Cherokee (ZJ). The Jeep Grand Cherokee (ZJ) was struck in the rear by an unidentified vehicle and a fire ensued.
PROPERTY DAMAGE ALLEGED No
INJURIES 0
FATALITIES 0
ANALYSIS [REDACTED] reported that, as a result of the rear impact, the fuel tank of the Jeep Grand Cherokee (ZJ) was struck and a fire resulted. The 1997 Jeep Grand Cherokee (ZJ) was not inspected and Chrysler Group is unable to confirm that, as a result of the impact, the fuel tank ruptured or that the origin of the fire was the fuel tank. Chrysler Group has also been unable to obtain a police accident report. Because Chrysler Group has limited information regarding the accident, it has not determined a likely relative velocity at impact of the vehicle that struck the rear of the Jeep Grand Cherokee (ZJ) and is unable to draw any conclusions about the mass of the striking vehicle.

Customer Assistance Inquiry Record (CAIR)#							7888078	
Vin	1J4G248S8	YC	Open Date	10/24/2000	Build Date	10/14/1999		
Model Year	00	Body	WJTH74	JEEP GRAND CHEROKEE LAREDO 4X2 SPORT UTILITY 4-DR				
In Service Dt	02/29/2000	Dealer	26341	Dealer Zone	61	Mileage	10,000	
Name:	[REDACTED]					Contact Type	TELEPHONE	
Address	[REDACTED]					Home Phone	[REDACTED]	
	NORTH AUGUSTA SC [REDACTED]					Country	UNITED STATES	

Product - Unknown - Unknown - Accident - Default | Vehicle burned up/ total loss

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:
 Owner states vehicle was hit from the rear and it immediatley burst into flames. Owner states only chared sheet metal is remaining.
 Description of the incident (what, when, where, injuries, etc)
 Rear end collision on Interstate 20 in road construction.
 3pm/ 10/17/00
 Owner had mild injuries
 unknown if there were any other injuries
 Has the owners insurance company been contacted ?
 Yes
 If yes provide name/policy number and phone number
 Companion
 no policy
 agency: Carraway Cohen Chennelle
 706-868-1610
 contact: John
 Where is the vehicle exactly located (provide name/address/phone #)
 Kendricks Body Shop
 1333 Broad St. Augusta, GA
 706-724-4071
 Is there property damage or other vehicles involved in the accident?
 The other vehicle which struck the Jeep and also two other vehicle infront of the Jeep.
 Has a Police or Fire report been filed (what municipality & report #)
 Augusta/Richmond Co. Police Dept.

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

10/24/00*** Owner states he was driving through construction on I-20 when he was rear-ended by another vehicle. Owner states vehicle immediatley burst into flames. Owner sustained minor injuries as a result of the impact not the fire. Owner states the insurance adjuster has already inspected the vehicle. Owner would like to have someone from DC inspect the vehicle to determine what may have caused the vehicle fire.
 10/24/00.....PLEASE INSPECT AND RETURN TO ROY PORTERFIELD.
 NEED VFIR, PHOTOS, FIRE/POLICE REPORT, UNDERCARRIAGE INSPECTION AND ANY OTHER PERTINENT INFORMATION. THANKS.
 CAIR NUMBER 07888078 REQUEST EAA INSPECTION 10-24-2000 12:13
 CAIR NUMBER 07888078 FAX SENT TO EAA 10-24-2000 12:15

 11.8.2000
 Letter dictated that the severe force of the impact, that drove the vehicle

into another vehicle, caused the fuel to spill and the airbags to deploy.
mrp

** Please contact Bill Vaughan **



ENGINEERING ANALYSIS ASSOCIATES, INC.

20700 Telegraph Road - Suite 4566
Bingham Farms, Michigan 48025-4528

PHONE: 248-642-3232
FAX: 248-642-4558

Delorme Time: 49 Hour(s)
 Delorme Miles: 159 + 40 = 199
 (The extra 40 Miles is for traveling to accident site, DRB pick up and return if required and traveling to pick up police report).

TIME 5.3 HRS
MILES / 8240 = 222

CORRECTION ON TIME & MILEAGE

Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation Report (VIR)

Owner: [Redacted]
 EAA No: [Redacted]
 CAIR No: [Redacted]

Transmitting 02 pages.
If transmission not complete, please call the above phone number.

To: [Redacted]
 Ph: [Redacted]
 Fax: [Redacted]

From: Tina Martin
 Date Faxed: 10-24
 Due Date: 10-27

Please acknowledge promptly by FAX or phone.
 Receipt of CAIR and Accepting case for investigation YES NO DATE 10-24-00

Fax Coversheet for DaimlerChrysler (Service Associate Use Only)
 (also fax to EAA for closure)
 DaimlerChrysler Fax Number: 248-512-8748

Closure Date: 10-30-00

Number of pages (including cover) 15

TO: MR. PORTERFIELD

Bennis (248) 944-7036
 Bott (248) 944-7056
 Gilbert (248) 944-7037

Martell (248) 944-7038
 Mucci (248) 944-7038
 Porterfield (248) 944-7134

Comments: SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL ME!
Thanks

7888078



Vehicle Fire Investigation Report

YEAR 2000	MODEL JEEP Cherokee	VEHICLE IDENTIFICATION NUMBER 1J4G2481S181Y1U	DESCRIPTION 1/10/00	M.B.N. 1/01/14/05	DELIVERY DATE 02-29-00
NAME OF OWNER [REDACTED]		ADDRESS [REDACTED]		CITY N. AUGUSTA	
STATE GA.		CITY AUGUSTA		STATE GA.	
SELLING DEALER NAME MILTON RUBEN CHRY		ZONE 6, 12, 6, 3, 4, 1		CITY AUGUSTA	

INTERVIEW

INTERVIEW BY OWNER BY OWNER BY OTHER	INTERVIEW DATE 1.01.26.00	DATE OF FIRE 1.01.17.00	TIME OF FIRE 2:42 AM	INSPECTION DATE 1.03.01.00
-----------------------------------------------	------------------------------	----------------------------	-------------------------	-------------------------------

1. DESCRIPTION OF EVENT:
OWNER STATED HE WAS DRIVING EAST ON I20 NEAR WASHINGTON RD., TRAFFIC IN FRONT OF ME WAS STOPPING DUE TO CONSTRUCTION WORK, I STOPPED & WAS HIT IN REAR.

2. WHERE WAS FIRE FIRST NOTICED? (GENERAL ORIGIN) ENGINE COMP INSTRUMENT PANEL INTERIOR (NOT UP) TRUNK UNDERBODY
 FIRE STARTED COMING UP ALL AROUND VEHICLE.

3. WHAT AREA OF GENERAL ORIGIN (ABOVE) WAS FIRE NOTICED? (SPECIFY LOCATION OF GENERAL ORIGIN AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT UNDER LEFT REAR RIGHT REAR CENTER

4. OPERATING MODE PRIOR TO FIRE (Use Back of Form for Additional Comments)
 DRIVING, WHAT SPEED? _____, HOW LONG? _____ IDLING, HOW LONG? SHORT TIME IGNITION OFF, HOW LONG? _____

5. OPERATING MODE AT TIME OF FIRE (Use Back of Form for Additional Comments)
 DRIVING, WHAT SPEED? _____, HOW LONG? _____ IDLING, HOW LONG? SHORT TIME IGNITION OFF, HOW LONG? _____

6. ANY NOTICEABLE EVENTS PRIOR TO FIRE? (EXPLAIN) BRAKE, DIE OUT BACKFIRE FLUID LEAKS FUEL LOCK LIGHTS DIMMING/FLICKERING INCOPERATIVE COMPONENTS/SYSTEMS
 WARNING LIGHTS/GAUGES OTHER
 NONE

7. WHAT ACCESSORIES WERE ON AT TIME OF FIRE? LIGHTS BLOWER MOTOR REAR DEFROSTER WIPERS A/C OTHER, DESCRIBE
 NONE

8. HOW LONG DID FIRE BURN AND METHOD USED TO EXTINGUISH?
 _____ MINUTES WATER EXTINGUISHER SELF EXTINGUISHED
 UNIT BURNED UP COMPLETELY

9. LIST REPAIRS AND DATES (INCLUDE OIL CHANGES - USE BACK OF FORM FOR ADDITIONAL COMMENTS)
 NONE

10. WERE ANY OCCUPANTS IN VEHICLE (PRIOR TO FIRE), PASSENGERS (IF INTERIOR OR UP FIRE)? YES NO
 NONE

11. ANY ADDED ACCESSORY EQUIPMENT OR MODIFICATIONS TO VEHICLE? YES NO (IF YES, DESCRIBE)
 NONE, NOTED EXCEPT TRAILOR TOW BAR.

12. ANY LOSS OF OR DAMAGE TO PERSONAL PROPERTY? YES NO (IF YES, DESCRIBE)

13. ANY ALLEGED PERSONAL INJURIES? YES NO (IF YES, DESCRIBE)
 BUMPED UP - BUT NOT BURNED.

14. DID OWNER NOTIFY HIS INSURANCE COMPANY?
 YES (NAME OF COMPANY) SAFECO POLICY # F1643104 NO (ADVISE HIM TO DO SO)

15. DID YOU SECURE PERMISSION FROM THE OWNER OR DRIVER TO INSPECT VEHICLE? YES NO (IF NO, DO NOT INSPECT, DO NOT COMPLETE ORIGIN AND CAUSE SECTION)

INVESTIGATION (INSPECT ITEMS ON REVERSE SIDE BEFORE PROCEEDING)

GENERAL ORIGIN (CHECK THE AREA WITH MOST DAMAGE) ENGINE INSTRUMENT PANEL INTERIOR (NOT UP) TRUNK UNDERBODY
 ALL UNDER BODY

LOCATION (CHECK THE AREAS WITH THE MOST DAMAGE AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER
 LOWEST POINT OF BURNING TOP OF VEHICLE MIDDLE OF VEHICLE BOTTOM OF VEHICLE

DETERMINATION OF ORIGIN AND POSSIBLE CAUSE

ORIGIN APPEARS TO BE IN THE AREA OF:
 VEHICLE WAS STRUCK HARD IN THE REAR, CAUSING THE GAS TANK TO BURST, CAUSING GAS SPILL, CAUSING FIRE. UNIT FRIED.

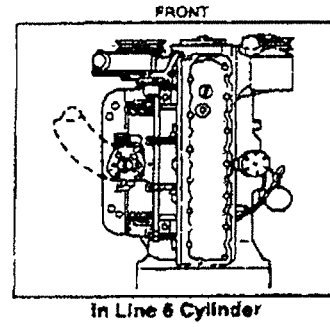
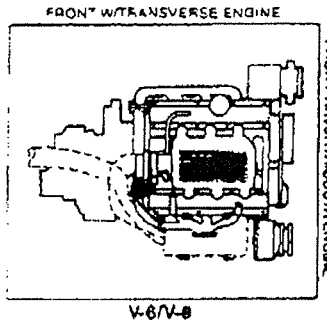
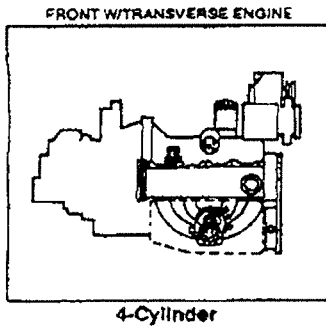
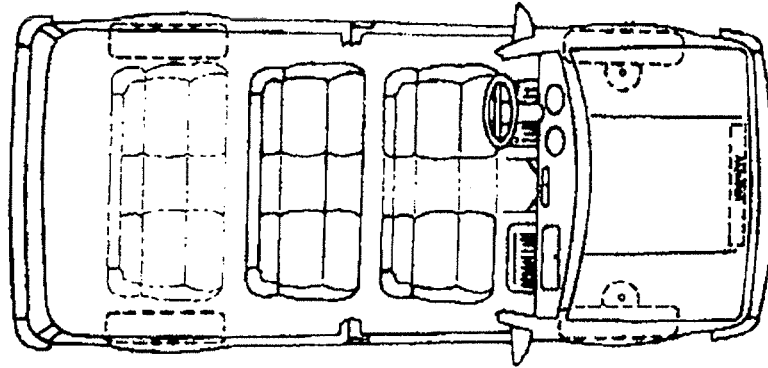
CAUSE APPEARS TO BE:
 BY INSPECTING VEHICLE.

CHRYSLER REPRESENTATIVE - PRINT OR TYPE WILLIAM H. VAUGHAN	ZONE ATLANTA	PHONE 706 283-3548	DAMAGE CLASS (CHECK ONE) <input type="checkbox"/> SELL <input type="checkbox"/> DONATE <input type="checkbox"/> MINOR <input type="checkbox"/> COMPANY USE <input checked="" type="checkbox"/> SCRAP <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR	REPAIR ESTIMATE TOTAL
---------------------------------------------------------------	-----------------	-----------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------

1088010

LINE IN (CROSS HATCH) AREA MOST SEVERELY AFFECTED (IE: [cross-hatched area])

SKETCH KEY COMPONENTS/DETAIL AS REQUIRED (EX. FUSES, FUSELINKS, WIRING, FUEL HOSES OR TUBES, POWER STEERING HOSES OR TUBES, ETC.)



INSPECTION LIST (CHECK OFF AND NOTE OBSERVATIONS WHERE APPLICABLE TO DETERMINE POSSIBLE ORIGIN AND CAUSE. ADD ADDITIONAL COMMENTS BELOW)

- CHECK VEHICLE HISTORY FILE.
- IDENTIFY COMBUSTIBLES WITH MOST DAMAGE — NOTE BURNT PAINT, MELTED PLASTICS AND ALUMINUM AS INDICATOR OF HOT SPOTS.
- IDENTIFY HEAT SOURCES AND LIST MOST LIKELY METHOD OF IGNITION
- STUDY PROGRESSION OF FIRE FROM IGNITION SOURCE TO OTHER COMBUSTIBLES (LARGE COMBUSTIBLE OBJECTS MAY LEAVE A DECEIVING HOT SPOT — COMPARE BURN PATTERN TO CUSTOMER'S DESCRIPTION OF WHERE FIRE WAS FIRST NOTED.) USE POINTER METHOD
- EXHAUST MANIFOLD/PIPE — LOOK FOR WITNESS OF FLUID LEAKS (ENGINE OIL, TRANS. POWER STEERING FLUID, COOLANT, ETC.) RODENT NESTS, OR OTHER FOREIGN OBJECTS.
- FUEL HOSES AND TUBES — LOOK FOR PROPER ROUTING, CLAMP POSITION AND TYPE. NOTE HOSE RESIDUE UNDER CLAMP
- FUSELINKS (OR CARTRIDGE) AND INTERIOR FUSE CONDITION — CHECK FOR OPENERS AND COMPARE SIZE (RATING) WITH SPECIFICATIONS
- WIRING — LOOK FOR MOLTEN ENDS (STRAND WITH BALL ON END), COPPER DEPOSITS, BURN HOLES IN METAL — INDICATING ARCED OR SHORTED WIRE — NOTE POSSIBLE CAUSE (PINCHED, CHAFED, SCREW THROUGH WIRE, OVER RATED FUSE OR FUSELINK, ETC.)
- POWER STEERING PUMP AND HOSES — LOOK FOR HOSE TUBE DAMAGE, HOSE ROUTING, EVIDENCE OF CHAFING, MISSING PUMP CAP (REMAINS IN PUMP), ETC.
- ENGINE — OIL LEAKS, AT VALVE COVER, HEAD GASKET, LOOSE OR MISSING OIL FILLER CAP OIL PAN FILTER BENDING UNIT, CAM PLUG, ETC.
- AFTERMARKET EQUIPMENT INSTALLATION — CHECK FOR PROPER FUSING AND TRACE WIRE ROUTING TO POWER SOURCE.
- ASH TRAYS — CHECK FOR CIGARETTES AND DEBRIS IN ASH TRAY, ON SEAT CUSHIONS AND CARPETING.
- SWITCHES — CHECK IGNITION AND ALL OTHER SWITCH POSITIONS TO DETERMINE WHICH CIRCUITS WERE ON AT TIME OF FIRE

N/A

ADDITIONAL COMMENTS: UNIT A TOTAL LOSS. FIRE WAS CAUSED BY GAS TANK BEING BURSTED BY IMPACT FROM THE REAR.

ATTACH: [] POLICE OR FIRE REPORTS, IF AVAILABLE [] REPAIR ESTIMATES [] PREVIOUS SERVICE FILE [] OTHER (TOTAL) NOTE: PRIOR APPROVAL IS REQUIRED BEFORE SHOWING OR PROVIDING THIS REPORT TO PERSONS NOT IN THE EMPLOY OF CHRYSLER CORPORATION.

DISTRIBUTION: RETAIN MACHINE COPY FOR ZONE OWNER RELATIONS FILE. OWNER OR DEALER SOLD: FORWARD ORIGINAL TO S&P DIVISION SPECIAL INVESTIGATIONS DEPARTMENT. DEALER UNSOLD OR CARRIER: FORWARD ORIGINAL TO S&P DIVISION QUALITY CONTROL ANALYSIS & CONTROL.





101700	Day of Week X Sun M T W Th F S	Time 1442	Off Arrived 1444	Total Number Of: Vehicles 4 Injuries 2 Fatalities 0	Inside City Of: AUGUSTA
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Vehicle # 1-20 GA 402	Arts Intersection 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St.	Corrected Report Yes <input type="checkbox"/> Suppl. To Original Yes <input type="checkbox"/>
Location WASHINGTON ROAD GA 28	City St. 5. Co. Line	
Direction Miles 1 North 3 East Feet 2 South 4 West		
Continuing In The Direction Checked Above RIVERWATCH PARKWAY GA 104		

Driver # 2	City AUGUSTA	State SC	Zip 29841
Class D	State SC	W Male <input type="checkbox"/>	F Female <input type="checkbox"/>

Insurance Co. COMPANION	Model F250	Year 97	Make FORD
Insurance Co. SAFECO	Model CHEROKEE	Year 2000	Make JEEP
Vehicle Color GREEN	Vehicle Color GREEN	VIN 1J4G24858Y0	Year 01

State GA	County COLUMBIA	Year 01	Tag # 479 SM
State GA	County COLUMBIA	Year 01	Tag # 213 KWF
State GA	County COLUMBIA	Year 01	Tag # 479 SM

Removed By KENDRICKS	Request <input checked="" type="checkbox"/> List <input type="checkbox"/>
Alcohol Test 2	Drug Test 2
Driver Condition 1	Direction of Travel 3
Vehicle Condition 1	Vehicle Maneuver 5
Most Harmful Event 11	Vehicle Class 1
Traffic Control 7	Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Reported Taken To MCG ER	By: RURAL-METRO AMBULANCE SERVICE
Department RCSD T10	Report Date 101700
Address 3331 S. COX ROAD	City SPRINGFIELD
SSN#041642882	State MO
	Zip Code 65807
	Telephone No. 417-887-2136

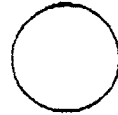
* MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name	Vehicle #	Address	City	State	Zip
Number of Axles	G.V.W.R.	Fed. Reportable 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Cargo Body Type	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	C.D.L. 7 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
ES. Name or 4 Digit Number from Diamond or Box	1 Digit Number from Bottom of Diamond:				
Ran off Road	Down Hill Runaway	Cargo Loss Or Shift	Separation of Units		

MARKS
 DRIVER OF VEHICLE'S 1,2,3 AND 4 STATED THAT THEY WERE TRAVELING EASTBOUND ON I-20 IN THE LEFT HAND LANE OF
 TRAFFIC BETWEEN WASHINGTON ROAD AND RIVERWATCH PKWY.
 DRIVER OF VEHICLE 1 STATED THAT HE WAS SLOWING DOWN FOR TRAFFIC AND LOOKED DOWN FROM THE ROADWAY AT
 WHICH TIME THE FRONT OF HIS VEHICLE STRUCK THE REAR OF VEHICLE 2. DRIVER OF VEHICLE 2 STATED THAT HE WAS
 SLOWING DOWN DUE TO CONSTRUCTION ON I-20 AT WHICH TIME HIS VEHICLE WAS STRUCK IN THE REAR BY VEHICLE 1.
 DRIVER OF VEHICLE 2 FURTHER STATED THAT THE IMPACT FROM VEHICLE 1 CAUSED THE FRONT OF HIS VEHICLE TO
 STRIKE THE REAR OF VEHICLE 3 WITH HIS FRONT BUMPER. DRIVER OF VEHICLE 3 STATED THAT HIS VEHICLE WAS STRUCK
 IN THE REAR BY VEHICLE 2. DRIVER OF VEHICLE 3 FURTHER STATED THAT THE IMPACT FROM VEHICLE 2 CAUSED THE
 FRONT OF HIS VEHICLE TO STRIKE THE REAR OF VEHICLE 4. DRIVER OF VEHICLE 4 STATED THAT HE WAS STOPPED FOR
 TRAFFIC ON I-20 WHEN HIS VEHICLE WAS STRUCK IN THE REAR BY VEHICLE 3. SEE PAGE 2 OF 3

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



SEE PAGE 3 OF 3 FOR DIAGRAM

Accident Investigation Site ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CITATIONS - VEHICLE # 1 501931/40-6-180(a)/TOO FAST FOR CONDITIONS			CITATIONS - VEHICLE # 2 NONE ISSUED								
Site Number :													
First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character				
11	2	1	1	1	3	1	1	1	1				
Number of Occupants		SKID DISTANCE BEFORE IMPACT		AFTER		WIDTH OF ROAD							
VEH. # 1		VIS-33'9"		VIS-128'		approx 24'							
VEH. # 2		VEH. 1		VEH. 1									
Point Of Initial Contact		VIS-00		VIS-00									
VEH. 2		VEH. 2		VEH. 2									
Damage To Vehicles													
5		5											
Damage Other Than Vehicle: None		Owner		Age	Sex	VEH. NO.	Pos.	INJURY	TAKEN FOR TREAT	SUBJECT	SAFETY EQUIP	EXTRIC.	AIR BAG
Occupants		DRIVER # 1 Or Pedestrian #						0	2	1	3	2	0
		DRIVER # 2 Or Pedestrian #						0	2	1	3	2	0
Last Name		First		Address		City		State		Zip			

FROM: Bill VAUGHAN
00-24997

30 2000 06:15PM P6

101700	Day of Week Sun M T W Th F S x	Time 1442	Off Arrived 1444	Total Number Of: Vehicles 04 Injuries 02 Fatalities 00	Inside City Of: AUGUSTA
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Location 1-20 Ga. 402	At Its Intersection 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.	Corrected Report Yes <input type="checkbox"/>
1 <input checked="" type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.	With 1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.	Suppl. To Original Yes <input type="checkbox"/>
Direction 1 <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input checked="" type="checkbox"/> East 2 <input checked="" type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West	OR 1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.	
Continuing in the Direction Checked Above Riverwatch Pkwy Ga. 104	5 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 6 <input type="checkbox"/> Co. Line	
Next Reference Point 1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt.		

Driver # 4	City GROVETOWN	State GA.	Grade C	Sex Male
Class C	State GA.	W Male	Female	

Insurance Co. CANEL INSURANCE	Posted Speed 55	Insurance Co. GA. FARM BUREAU
Year 1985	Year 1989	Year 1989
Make MERCURY	Make NISSAN	Make NISSAN
Model MARQUIS	Model PIU	Model PIU

VIN 1NGND1150K	Vehicle Color RED
State GA.	County COLUMBIA
Year 1985	Year 1985

Owner's Last Name KELLYS	First KELLYS	Middle KELLYS
Address	City	State
Zip	City	State

Removed By KELLYS	Request <input type="checkbox"/> List <input checked="" type="checkbox"/>				
Alcohol Test 2	Type	Result	Drug Test 2	Type	Results
Driver Condition 1	Direction of Travel 3	Vision Obscured 1	Contributing Factors	1	
Vehicle Condition 1	Vehicle Maneuver 4	Pedestrian Maneuver			
Most Harmful Event 11	Vehicle Class 1	Vehicle Type 2			
Traffic Control 7	Device Inoperative 7	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Injured Taken To SEE PAGE 1 OF 3	Photos Taken Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
EMS Notified Time	EMS Arrival Time	Hospital Arrival Time
Report By: RONNYE FULLER #T10/#A215	Department RCSD	Report Date 101700
Witness(es) Name	Address	City
State	Zip Code	Telephone No.

IPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name	Carrier Name		
Vehicle #	Vehicle #		
Address	Address		
City	City		
State	State		
Zip	Zip		
Number of Axles	G.V.W.R.	Fed. Reportable 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
C.D.L. 7 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	If YES, Name or 4 Digit Number from Diamond or Box 1 Digit Number from Bottom of Diamond:		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Ran off Road	Down Hill Runaway	Cargo Loss Or Shift
	Separation of Units		

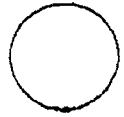
PE10-031-Chrysler-000166

REMARKS

OFFICER'S INVESTIGATION FINDS THE DRIVER OF VEHICLE 1 AT FAULT IN THE ACCIDENT, TOO FAST FOR CONDITIONS POSTED SPEED LIMIT OF 55 MPS. CONSTRUCTION AREA). C. PROCTORS DID CLEAN UP A LEVEL 2 SPILL AT THE INCIDENT LOCATION.

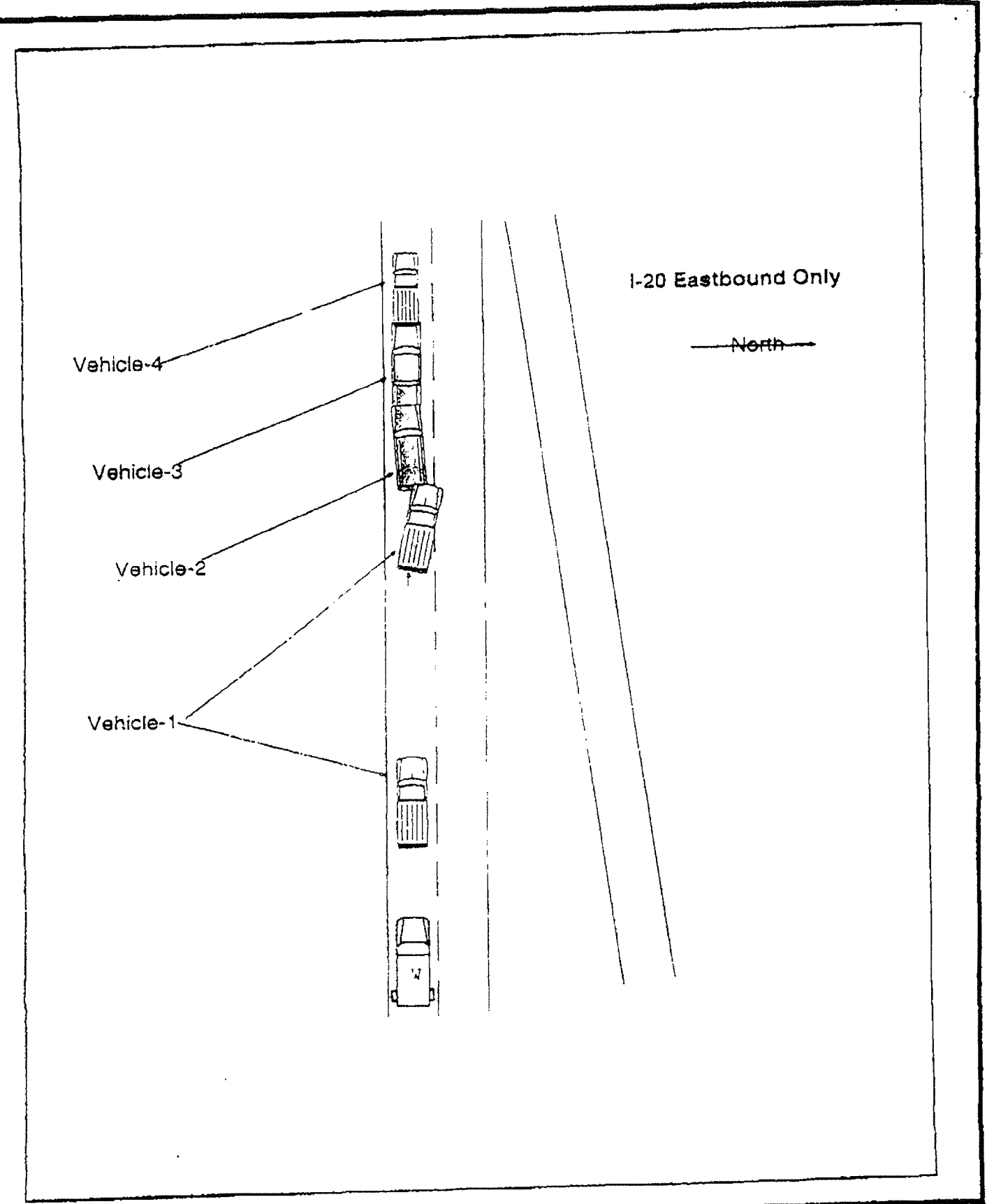
INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



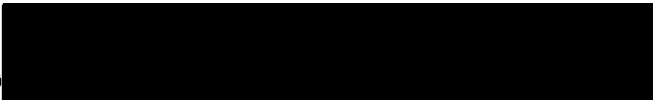

SEE PAGE 3 OF 3 FOR DIAGRAM

Accident Investigation Site ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CITATIONS - VEHICLE # 3 NONE ISSUED				CITATIONS - VEHICLE # 4 NONE ISSUED									
Site Number :															
First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character						
11	2	1	1	1	3	1	1	1	1						
Number of Occupants		VEH. # 3	VEH. # 4	SKID DISTANCE		BEFORE IMPACT	AFTER	WIDTH OF ROAD							
		2	1	VIS-00		VEH. 3	VEH. 3	approx. 24'							
Point Of Initial Contact		6	6	VIS-00		VEH. 4	VEH. 4								
Damage To Vehicles		5	3												
Damage Other Than Vehicle: None		Owner:				Age	Sex	VEH NO.	Pos	Injury	TAKEN FOR TREAT	SUBST	SAFETY EQUIP	EXTRIC	AIR BAG
Occupants		DRIVER # 3 Or Pedestrian #								0	2	1	3	2	0
		DRIVER # 4 Or Pedestrian #								4	1	1	3	2	0
Last Name	First	Address		City	State	Zip									
ROYALS	GLORIA	1083 BAPTIST CAMP RD		GRIFFIN	GA	30223									
DOB: 120145	SS# UNKNOWN					54	F	3	3	4	1	1	3	2	0




Case No. 249997

Richmond County Sheriff's Department
Statement Form

Full Name (print)  

Social Security  (home)  (work)

Address: 689 Dearwood Way Evans GA
(street) (city) (state)  (zip code)

Drivers License Number  State: GA

STATEMENT

TRAVELING EAST ON I-20 WAS SPOILING AND
LOOK DOWN NEXT THING I CRASHED INTO THE
CAR IN FRONT OF ME. GAS SPILLED AND JUMP OUT
OF TRUCK



(signature)

10/17/00

(date)

Department Use Only

Statement From: Driver - Vehicle #: 1 Passenger - Vehicle #: _____ Witness _____

Deputy: Ronnye Fuller Car #: T10 Comp #: A215

Case No. 249997

Richmond County Sheriff's Department

Statement Form

Full Name: [Redacted] (name)

Social Security Number: [Redacted]

Address: [Redacted] (street)

City: Augusta (city) State: SC (state) Zip Code: _____ (zip code)

Telephone: [Redacted] (home) [Redacted] (work)

Drivers License Number: 00 4431994 State: SC

STATEMENT

We were at a crawl (maybe stopped) in construction,
 I looked in rearview mirror to see the green pickup
 plow into my rear at highway speed. It pushed into car
 in front of me and into another car in front of
 them.
 - my vehicle is a 2000 Jeep Grand Cherokee

2000 Jeep Grand Cherokee
 VIN # 1J4G24858 [Redacted]
 Safeco Pol # F1643104
Blanchard & Callahan Agency

[Redacted Signature]
 10/17/00 (date)

Department Use Only

Statement From: Driver - Vehicle #: ✓ Passenger - Vehicle #: _____ Witness _____

Deputy: Ronnye Fuller Car #: 110 Comp #: A215

Case No. 249997

Richmond County Sheriff's Department

Statement Form

Full Name: [Redacted] Date of Birth: 1 / 7 / 43
(month) (day) (year)

Social Security: [Redacted] Phone #: [Redacted]
(home) (work)

Address: [Redacted] GA GA [Redacted]
(City) (State) (Zip Code)

Driver: [Redacted] State: GA

STATEMENT

Right Lane closed for repair work we were in left
 lane and traffic was stopped or slow in front of us
 I was stopped or slowed to approx 5 miles per hr or less
 I was hit hard from behind and pushed into car in front
 of us

White Andia or JA - 2000 w/f



10-17-2000
(date)

Department Use Only

Statement From: Driver - Vehicle #: 3 Passenger - Vehicle #: _____ Witness _____

Deputy: Ronnye Fuller Car #: T10 Comp #: A215

Case No. 249997

Richmond County Sheriff's Department

Statement Form

Full Name (print)

Date of Birth:

Social Security Number

Address

(street)

MO (state)

Drivers License Number:

State: MO

STATEMENT

While traveling eastbound on I-20 at exit #199 traffic was slowing down due to construction. I was in the left lane traveling approx. 40 miles an hour and could see stopped traffic far ahead in the left lane. The auto directly in front of me, traveling at a much higher rate of speed rear-ended the auto in front of him which caused a pile up involving 4 autos. The Mini Van in front of me in my opinion was traveling to fast for conditions due to afternoon traffic and road const.

[Signature] (signature) 10/17/00 (date)

Department Use Only

Statement From: Driver - Vehicle # _____ Passenger - Vehicle #: _____ Witness _____

Deputy: Ronny Fuller Car #: T10 Comp #: A215

Case No. 249997

Richmond County Sheriff's Department
Statement Form

Full Name (print) [REDACTED]

Social Security Number [REDACTED]

Address [REDACTED]

Grovetown
(city)

GA

(state)

Drivers License Number: _____

State: GA

STATEMENT

I came to a stop on the interstate
Because of a traffic jam due to
construction I was then rear ended
by three cars which pushed my vehicle
- Red 85 NISSAN PU into another car
The car I hit left the scene

[Signature]
(signature)

10/17/00
(date)

Department Use Only

Statement From: Driver - Vehicle #: 64 Passenger - Vehicle #: _____ Witness _____

Deputy: Ronnye Fuller Car #: T10 Comp #: A215

Number: _____

Richmond County Sheriff's Department
Information (For Use With Accident Report)

[Redacted Name] Date of Birth: [Redacted]
[Redacted] Telephone Number: [Redacted]
[Redacted] City: Greenville State: GA

Number in Vehicle#: _____
Position Seated in Vehicle: 1 passenger seat Relation to Driver: fiancee
Seatbelt In-Use: Yes No Injured: Yes No

Name (print): _____ Date of Birth: _____
Last Name First Name Middle Name Month Day Year
Telephone Number: _____
Address: _____ City State Zip

Number in Vehicle#: _____
Position Seated in Vehicle: _____ Relation to Driver: _____
Seatbelt In-Use: Yes No Injured: Yes No

Name (print): _____ Date of Birth: _____
Last Name First Name Middle Name Month Day Year
Telephone Number: _____
Address: _____ City State Zip

Number in Vehicle#: _____
Position Seated in Vehicle: _____ Relation to Driver: _____
Seatbelt In-Use: Yes No Injured: Yes No

Name (print): _____ Date of Birth: _____
Last Name First Name Middle Name Month Day Year
Telephone Number: _____
Address: _____ City State Zip

Number in Vehicle#: _____
Position Seated in Vehicle: _____ Relation to Driver: _____
Seatbelt In-Use: Yes No Injured: Yes No

Name (print): _____ Date of Birth: _____
Last Name First Name Middle Name Month Day Year
Telephone Number: _____
Address: _____ City State Zip

Number in Vehicle#: _____
Position Seated in Vehicle: _____ Relation to Driver: _____
Seatbelt In-Use: Yes No Injured: Yes No

MATTER #
FILE TYPE Customer Assistance Inquiry Report and VOO
FILE NAME [REDACTED]
CAIR # 7888078
DATE OF INCIDENT 10/17/2000
DATE OF NOTICE 10/24/2000
MODEL/MODEL YEAR 2000 Jeep Grand Cherokee (WJ)
VIN 1J4G248S8YC [REDACTED]
MILEAGE 10,000
OWNER [REDACTED]
[REDACTED] North Augusta, South Carolina [REDACTED]
[REDACTED]
DESCRIPTION On October 17, 2000, [REDACTED] was operating his 2000 Jeep Grand Cherokee (WJ) on I-20 in Georgia. Mr. [REDACTED] was either stopped or operating at a crawl in a construction area. The driver of a Ford F-250 pickup truck, Preston McDaniel, was looking down when he failed to observe the Jeep Grand Cherokee (WJ) and struck it in the rear. The impact caused a chain reaction accident with two vehicles in front of the Jeep Grand Cherokee (WJ) and a fire ensued.
PROPERTY DAMAGE ALLEGED No
INJURIES 4
FATALITIES 0
ANALYSIS Based on the inspection of the 2000 Jeep Grand Cherokee (WJ) and other available information, including the police accident report, Chrysler Group concludes that the Ford F-250 pickup truck struck the rear of the Jeep Grand Cherokee (WJ) at a relative velocity in excess of 50 mph. This is consistent with Mr. Geddes' observation of the Ford F-250 pickup in his rearview mirror approaching at highway speed and a report by a witness that he was travelling approximately 40 mph and the Ford F-250 pickup truck was travelling at a much higher rate of speed. The severe, high energy impact likely ruptured the fuel tank of the Jeep Grand Cherokee (WJ) resulting in the fire. The severe damage to the rear of the Jeep Grand Cherokee (WJ) is depicted in the photographs in Enclosure 4 Bates Nos. PE10-031-Chrysler-000162-163.

Customer Assistance Inquiry Record (CAIR)#**7575045**

Vin	1J4GZ78SX TC [REDACTED]	Open Date	08/14/2000	Build Date	05/29/1996
Model Year	96	Body	ZJL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR	
In Service Dt	06/07/1996	Dealer	99999	Dealer Zone	
				Mileage	62,000
Name:	[REDACTED]			Contact Type	TELEPHONE
Address	[REDACTED]			Home Phone	[REDACTED]
	WASHINGTON DC [REDACTED]			Country	UNITED STATES

Product - Unknown - Unknown - Accident - Default

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

The vehicle caught on fire when hit by another vehicle in the rear.

Description of the incident (what, when, where, injuries, etc)

Customer was driving about 20 mph when rear ended by another vehicle. The customer's vehicle caught on fire.

When: 8/3/00

Where: On Rte. 50 near 201 Keilworth

Injuries: Customer was burned and taken to hospital for burns but did stay overnight. The driver of the other vehicle was also taken to the hospital we are not sure what the injuries were.

Has the owners insurance company been contacted ?

Yes

If yes provide name/policy number and phone number

Gieco

Policy # [REDACTED]

Contact Person: Alicia Torkos Phone #: 1-800-481-1003 Ext. 4674

Where is the vehicle currently located (provide name/address/phone #)

Charlie's Crane Service

8613 Old Admore Road

Landover, MD

Phone #: 301-773-7670

Is there property damage or other vehicles involved in the accident?

No property damage. The other was damaged

Has a Police or Fire report been filed (what municipality & report #)

Police: Maryland State Police

Claim [REDACTED]

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

Customer called stating that when his vehicle was rear ended by another vehicle, the vehicle caught fire. Customer states that he was burned.

Customer would like incident investigated. Customer advised that the information will be sent to the special investigations team for investigation. File number provided.

8.15.2000

PLEASE CONTACT AND ARRANGE INSPECTION TO DETERMINE, CAUSE OF LOSS. PLEASE PROVIDE FULL FIRE REPORT, PHOTOS, POLICE/FIRE DEPT REPORT (if available), AND ANY OTHER PERTINENT INFORMATION. THANKS. _mrp

CAIR NUMBER 07575045 REQUEST EAA INSPECTION 08-15-2000 08:59

CAIR NUMBER 07575045 FAX SENT TO EAA 08-15-2000 09:00

08/25/00 Owner seeking updates. Advised still in process of investigating./DMM65

8.25.2000

I spoke to Mr. Hughes and explained to him the the vehicle caught fire as a result of the impact, puncturing the fuel tank...mrp

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 09/13/00 AT 00:00 07575045

7575045



ENGINEERING ANALYSIS ASSOCIATES, INC.

30700 Telegraph Road Suite 4366
Arlingham Farms, Michigan 48025-4528

PHONE: 248-642-3232

FAX: 248-642-4558

Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation Report (VIR)

Owner	[Redacted]
EAA N	[Redacted]
CAIR N	[Redacted]
To:	[Redacted]
Phone	[Redacted]
Fax No	[Redacted]

Transmitting 3 pages.
If transmission not complete, please call the above phone number.

From: Tina Martin
Date Faxed: 8-15
Due Date: 8-18

Please acknowledge promptly by FAX or phone.

Receipt of CAIR and Accepting case for investigation YES NO DATE 8/17

Fax Coversheet for DaimlerChrysler (Service Associate Use Only)
(also fax to EAA for closure)
DaimlerChrysler Fax Number: 248-612-8748

Closure Date: 8-21-00

Number of pages (including cover)

TO:

<input type="checkbox"/> Bennie (248) 944-7038	<input type="checkbox"/> Martell (248) 944-7038
<input type="checkbox"/> Bott (248) 944-7056	<input type="checkbox"/> Mucci (248) 944-7039
<input type="checkbox"/> Gilbert (248) 944-7037	<input checked="" type="checkbox"/> Porterfield (248) 944-7134

Comments: _____

✓



Confidential Preliminary Vehicle Investigation Report

7575045
REF. #

YEAR 96	MODEL Jeep Grand Cherokee	VEHICLE IDENTIFICATION NUMBER J4GZ7R5XTC	ODOMETER 62010	M.D.M. 052907	DELIVERY DATE 6-7-96
CITY Washington		STATE DC	BUSINESS PHONE ()		STATE
SELLING DEALER NAME Courtesy Jeep		ZONE EAA	MINOR MODERATE MAJOR		REPAIR ESTIMATE \$78000.00
CHRYSLER REPRESENTATIVE - PRINT Larl Boderek					


INTERVIEW

INTERVIEW WITH: <input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OTHER	NAME S. Hughes	INTERVIEW DATE 08/18/00	DATE OF INCIDENT 08/03/00	TIME OF INCIDENT 12:30 AM	INSPECTION DATE 08/21/00
DESCRIPTION OF EVENT: (INCLUDING: WEATHER CONDITIONS AND ROAD SURFACE) Entered Middle Lane on Rte 50 - Few seconds later was struck from behind - Immediately upon impact Veh. Burst into flames - Veh. swerved to side - flames all around me - Burned on arm - Adjustor claims 2 puncture Holes in gas tank					
<input checked="" type="checkbox"/> Driver's and/or occupant's description of incident <input checked="" type="checkbox"/> What? When? Where? How? <input checked="" type="checkbox"/> Exact order of events <input type="checkbox"/> Did this happen before?		Personal Injury: Were there Personal Injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section "L."			

IMPORTANT: SHOW TO NO ONE & DRAW NO CONCLUSIONS

- DIRECTIONS:**
- FILL OUT UPPER PART OF FORM.
 - FOR "FIRE" USE FORM 84-130-8950.
 - FOLLOW INSTRUCTIONS FOR SECTION "A" ON ALL VEHICLES.
 - FOLLOW INSTRUCTIONS FOR SPECIFIC ALLEGATIONS FOR THIS VEHICLE.
 - ATTACH ANY ADDENDUMS TO REPORT AND STATE SECTION IT PERTAINS TO.

- COMMENTS:**
- NOTE ANY MISSING COMPONENTS AND WHO REMOVED THEM.
 - NOTE ANY AFTERMARKET EQUIPMENT INSTALLED AND BY WHOM.

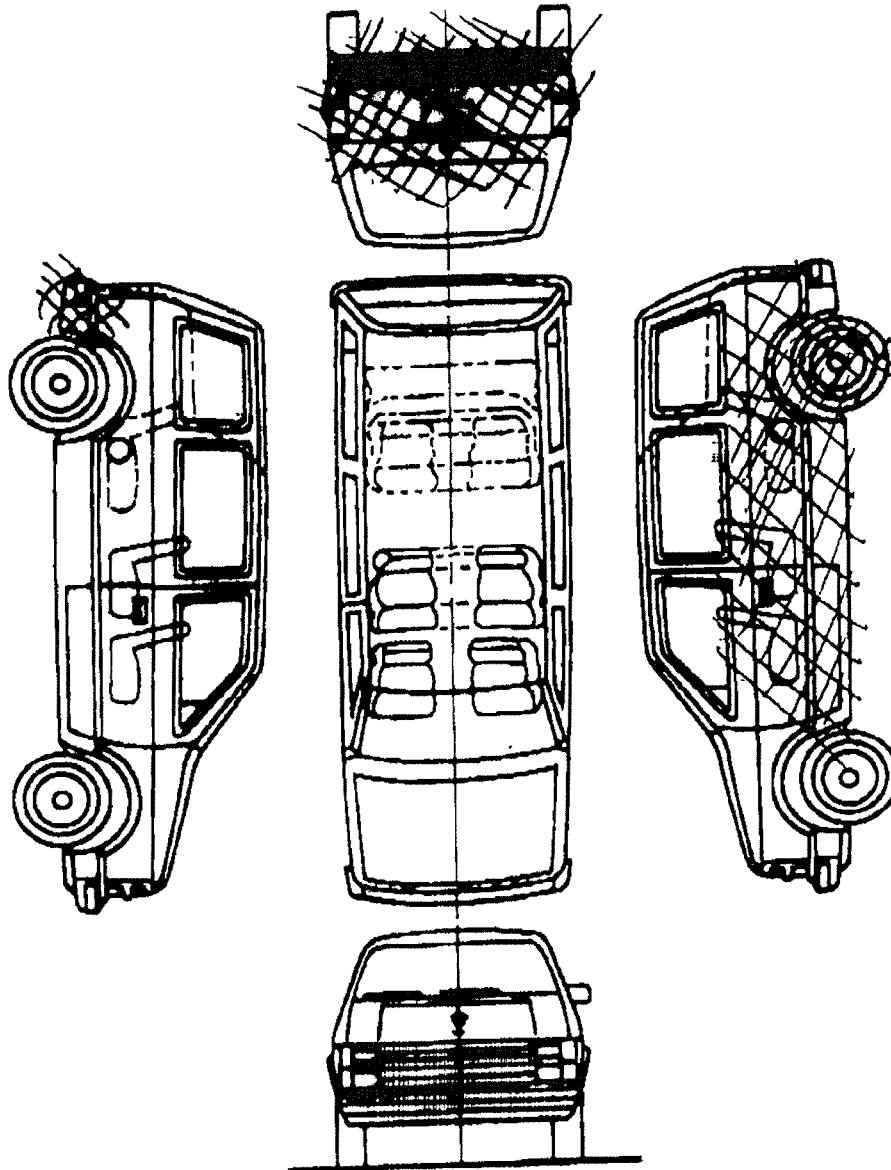
ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
General A	<input checked="" type="checkbox"/> From center of vehicle front every 45 degrees (8 total) <input checked="" type="checkbox"/> If crash damaged - perspective from every corner of vehicle down both original lateral sight lines. (8 total)  <input type="checkbox"/> Send neg. & 2 sets of prints	<input checked="" type="checkbox"/> Police report <input checked="" type="checkbox"/> Vehicle service file <input type="checkbox"/> Any reports/photos by others <input checked="" type="checkbox"/> Location of inspection No State Police College Park Charles Crane Serv 8613 Old Addy Road Landover, Md 301-773-5670	<input checked="" type="checkbox"/> Driver's and/or occupant's description of incident <input checked="" type="checkbox"/> What? When? Where? How? <input checked="" type="checkbox"/> Exact order of events <input type="checkbox"/> Did this happen before? <input checked="" type="checkbox"/> Complete exterior damage diagram and measurements on last page.
Airbag(s) B	<input type="checkbox"/> Steering Wheel <input type="checkbox"/> Airbag(s) <input type="checkbox"/> Knee Blockers <input type="checkbox"/> All possible body contact areas <input type="checkbox"/> All code readings using DRB II	<input type="checkbox"/> Record: <input type="checkbox"/> Was Airbag deployed? Driver <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Steering Wheel <input type="checkbox"/> Std. <input type="checkbox"/> Std. <input type="checkbox"/> Condition of Steering Wheel <input type="checkbox"/> Condition of Steering Wheel Mounting (measure column collapse)	<input type="checkbox"/> Use DRB II <input type="checkbox"/> Record Existing Readings 1 _____ 2 _____ <input type="checkbox"/> Record Stored Readings 1 _____ 2 _____ 3 _____ <input type="checkbox"/> Important: DO NOT ERASE DRB II READINGS. <input type="checkbox"/> Evidence of tampering or disassembly? <input type="checkbox"/> Yes <input type="checkbox"/> No

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
C Sudden Acceleration or Throttle Hold	<input type="checkbox"/> Accelerator Pedal <input type="checkbox"/> Throttle Cable <input type="checkbox"/> Return Springs <input type="checkbox"/> Floor Mats	<input type="checkbox"/> Describe any Accelerator Pedal Interference with Carpet/Mat <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> DRB II Tests <input type="checkbox"/> Disconnect Cable at Throttle Body/Carburetor lever; operate: <input type="checkbox"/> Lever <input type="checkbox"/> Cable <input type="checkbox"/> Any restricted motion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If safe and permitted to drive - attempt to duplicate and check Service Brakes at reported speed.
D Brakes	<input type="checkbox"/> Items in Information Block.	<input type="checkbox"/> Check and record Brake Fluid Level. _____ <input type="checkbox"/> Check and record if Vacuum Hose is connected. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check and record for Brake Line Leaks <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pull Wheels, check Linings and record condition. <hr/> <input type="checkbox"/> Check Brake Pedal, does it set firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check operation of Parking Brake. <input type="checkbox"/> Check operation of ABS System.	With Engine off: <input type="checkbox"/> Apply Brake fully 3 or 4 times. <input type="checkbox"/> With light force held to Pedal, start the Engine. <input type="checkbox"/> Note reaction of Pedal and record: <hr/> <hr/> <input type="checkbox"/> ABS System DRB II test readouts <hr/> <hr/>
E Steering	<input type="checkbox"/> Complete Steering System Including as required: • Rack & Pinion • Linkage • CV & Universal Joints • Column • Belts & Pulleys	<input type="checkbox"/> Record If: <input type="checkbox"/> Manual Steering <input type="checkbox"/> Power Steering <input type="checkbox"/> Check Fluid Level _____ <input type="checkbox"/> Record if Drive Belt is tight <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check for Hose/System leaks <input type="checkbox"/> Yes <input type="checkbox"/> No Leaks <input type="checkbox"/> Check condition of Steering Linkage from Wheels to Steering Column, record deformation or loose connections. <hr/> <hr/> <hr/>	<input type="checkbox"/> Unlock key and turn Wheels fully right and left. <input type="checkbox"/> If safe, start Engine and turn Wheels fully right and left. <input type="checkbox"/> Record Steering function.
F Transmission	<input type="checkbox"/> Entire Transmission with pictures and closeup of leaks, if any.	<input type="checkbox"/> Record Type of Transmission? <input type="checkbox"/> Auto <input type="checkbox"/> Std How many Speeds? <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Record Gear Shift location at time of inspection <hr/> <input type="checkbox"/> Run Shift Lever thru all shift positions and record "Feel of Gating" <hr/> <input type="checkbox"/> Is Shift Indicator properly aligned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If safe and permitted to drive vehicle: <input type="checkbox"/> Drive Vehicle and record feel of Gear during each Gear Shift <hr/> <hr/> <hr/> <input type="checkbox"/> Does Parking Pawl engage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If lockup is alleged - check rotation of Transmission in all Gears. <input type="checkbox"/> Check starting ability in park and neutral. Check to see that start does not occur in other selector positions.
G Engine Start/Drivability	<input type="checkbox"/> Complete Engine Compartment Including as required: • Underhood Emissions Label • Engine Wiring/Connections • Vacuum Hoses • Fuel Lines • Exhaust System • Spark Plugs • Connections	<input type="checkbox"/> Record type of Spark Plugs (location of unique plugs). <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	If safe and permitted to: <input type="checkbox"/> Try to duplicate Allegation Off Hwy <input type="checkbox"/> DRB II or I/P Fault Code Test <hr/> <hr/> <hr/> <hr/> <hr/>

Confidential

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION			
H Seat/Shoulder Belts	<input type="checkbox"/> Overall of seat belts I/B and O/B. <input type="checkbox"/> Close ups of any irregularities on belts. <input type="checkbox"/> Shoulder Belt Pendulum <input type="checkbox"/> Latchplate wear <input type="checkbox"/> Close up of D-ring to show belt loading.	<input type="checkbox"/> Locate seat belt labels and record ALL information (Some labels are sewn to webbing, other labels are on retractor frame. Inboard seat belt labels are near floor.) <input type="checkbox"/> Record ALL information stamped on latchplate.	If allowed, function belts to insure they FUNCTION PROPERLY, note results: Do they latch? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they release? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they retract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does Inertia Pendulum System run freely? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I Seat	<input type="checkbox"/> Overall of seat <input type="checkbox"/> Close ups of damage	<input type="checkbox"/> Existing location of recliner - number of teeth from rear of sector gear to rear edge of Pawl (prayer mark location). <input type="checkbox"/> Existing location of seat adjuster (window or tooth location from rear of adjuster). <input type="checkbox"/> Existing location of head restraint (measure gap under head restraint).	<input type="checkbox"/> If allowed, adjust all functions of seat and return to original location <input type="checkbox"/> Describe functions <input type="checkbox"/> Note any irregular orientations			
J Tires	<input type="checkbox"/> Each Tire with visible location label, insuring all Tire Identification and Tread wear is documented. <input type="checkbox"/> All damaged Wheel and Rim area including impacted foreign material.	Record: <input type="checkbox"/> Tire Size <input type="checkbox"/> Brand <input type="checkbox"/> Ratings <input type="checkbox"/> DOT No. (I/B Side) <input type="checkbox"/> Rim Size <input type="checkbox"/> Tread Depth	Front Left	Front Right	Rear Left	Rear Right
K Axle Lockup	<input type="checkbox"/> Entire Axle and close up of Leaks	While on hoist: <input type="checkbox"/> Rear Wheel Drive Record amount of Lateral Axle Movement on each side and w/ll Wheels turn <input type="checkbox"/> Trans. Axle - rotate Wheels <input type="checkbox"/> Note function				
L Occupant Contact	<input type="checkbox"/> Windshield <input type="checkbox"/> All areas of occupant contact on interior and exterior. <input type="checkbox"/> Close ups of stains, skin, hair, cloth <input type="checkbox"/> Exterior and interior damage	<input type="checkbox"/> See Seat Belt/Seats if applicable <input type="checkbox"/> Occupant contact description	TAKEN TO PROVIDENCE HOSPITAL TREATED FOR SPORCHED ARM (CAR-ARM) CHECKED BACK + NECK RESTRAINED MUSCLE			
ADDITIONAL COMMENTS						
REAR END COLLISION - GAS TANK Ruptured. FIRE TRAVELED outside DRIVERS SIDE TO DRIVERS SEAT AREA - NO FIRE DAMAGE INSIDE VEHICLE						

Exterior Damage Diagram and Measurements



Sketch damage on all views. Include dimensions to describe and locate each damaged area and maximum depth of penetration for each impact. Annotate observations which might be useful in reconstructing the accident (e.g., direction of scrapes, markings on tires and wheels, etc.). Take photographs.





State of Maryland Motor Vehicle Accident Report

REPORT NO: 08568560		PAGE 1	ACCIDENT DATE: 08-07-00	ACCIDENT TIME: 0018	REPORT TYPE: FATAL	RESEARCH	LOCAL CASE NUMBER: 006609619	LOCAL CODES	NOTICE					
INVESTIGATING OFFICER ID: TR Con #1292		AGENCY AND AREA: MISP 1664		SUPERVISING OFFICER ID: [redacted]		REVIEWER ID	CODE - AND - NAME OF MUNICIPALITY	16						
RD CHAR: 01	RT NUM: 1500050	[redacted]			IN LANE: W2	TRAF SIG: NO 20	ON RAMP: NO 21	REMO NUMBER: 0	DIR: 000-1502000-00					
RD COND: 01	INT: MJD 06 201	[redacted]			36									
RD ON: 04	ACCIDENT DIAGRAM: [Hand-drawn diagram showing Unit #2 turning left from lane into lane two and colliding with Unit #1. Includes labels 'Unit #1', 'Unit #2', 'Lane two', 'Lane one', 'Left shoulder', 'W/B RT-50 AT RT 201', 'Cold shoulder'.		DESCRIBE ACCIDENT: [Handwritten description: "Units #2 and #2 were traveling W/B RT 50 at RT 201. Unit #2 attempted to change from the turn lane to lane two subsequently Unit #2 traveling in lane two collided with the rear of Unit #1."]											
SET COND: 01	ONE WAY: 01	EVENT: 01	EVENT-2: 00	PROB: 00	COLL: 03	LIGHT: 04	WEATHER: 01	UNIT #1: 01	UNIT #2: 01					
DRIVER: Washington DC	DRIVER: Clinton PG MD	[Redacted driver information]												
MOVEMENT: 07 01 01 00 00 00		FOR PIDS ONLY: 0	AGE: 35	TYPE: 36	LOCATN: 37	OBEY: 38	VISBL: 39	MOVEMENT: 07 01 01 00 00 00	FOR PIDS ONLY: 0	AGE: 0	TYPE: 36	LOCATN: 37	OBEY: 38	VISBL: 39
SPEED LIMIT: 55	SW TQU: 17	EQ PROB: 01	LEC: 01	64	FAULT: 00	65	SPEED LIMIT: 55	SW TQU: 17	EQ PROB: 01	LEC: 01	64	FAULT: 00	65	
GOING: 04	STATE: DC	CLASS: 04	67	STATE: MD	CLASS: 04	67	GOING: 04	STATE: MD	CLASS: 04	67	STATE: MD	CLASS: 04	67	
CONTROL: 04	IRREGULAR CONDITION: PAVED, CAUGHT FIRE, HIT & RUN, DRIVERLESS			HAZ MAT NUMBER: 74	CONTINU: 09	OR DATE OF BIRTH: 09/24/75	IRREGULAR CONDITION: PAVED, CAUGHT FIRE, HIT & RUN, DRIVERLESS			HAZ MAT NUMBER: 74				
BODY TV: 05	COMMUN. VEHICLE ONLY: 0	U S DOT NUMBER: 76	ICC NUMBER: 77	BODY TV: 78	COLL: 79	BODY TV: 02	COMMUN. VEHICLE ONLY: 0	U S DOT NUMBER: 76	ICC NUMBER: 77	BODY TV: 78	COLL: 79	BODY TV: 02	COMMUN. VEHICLE ONLY: 0	
MOST HE: 01	OWNER OR CARRIER NAME: SAME	TEL: 0	Work: 0	Ret: 0	MOST HE: 01	OWNER OR CARRIER NAME: SAME	TEL: 0	Work: 0	Ret: 0					
CONTIR: 04	OWNER/CARRIER ADDRESS: SAME	33	CONTIR: 04	OWNER/CARRIER ADDRESS: SAME	33	TOWED VEH: 04	TOWED VEH: 04							
80-2: 74	YEAR & MAKE OF VEHICLE: 96 Seep	MODEL: 83	Cherokee	1 IN IMPACT PT: 87	1 0	80-2: 18	YEAR & MAKE OF VEHICLE: 93 Cadillac	MODEL: 85	Deville	1 IN IMPACT PT: 87	0 1			
80-3: 61	AREAS DAMAGED: 1 0 1 1 1 1 1 2	80-3: 61	AREAS DAMAGED: MD 01102103	INSURER: UV	81	INSURER: State Farm								
80-4: 00	VEHICLE ID NUMBER: 15462785XTC	80-4: 00	VEHICLE ID NUMBER: 1G66LS5213R	80-4: 00	VEHICLE ID NUMBER: 20912AUJ3									
DAM EST: 04	VEHICLE REMOVED BY: Charley's Crane	DAM EST: 04	VEHICLE REMOVED BY: Lot	DAM EST: 04	VEHICLE REMOVED BY: Charley's Crane	DAM EST: 04	VEHICLE REMOVED BY: Lot							
TRAFFIC UNIT #	SEATING POSITION	CODE all injured & uninjured PASSENGERS below - Use "W" for witness in "RAF UNIT" and "SEAT" columns												
[Empty table for passenger information]														
UNIT 1: 1A	INJURED TAKEN BY: Rescue 1	100	INJURED TAKEN TO: Doctors Hospital	EMR RUN REPORT #: 206287	110	UNIT 1: 00	INJURED TAKEN BY: [redacted]	100	INJURED TAKEN TO: [redacted]	EMR RUN REPORT #: [redacted]	110			

MATTER #

FILE TYPE Customer Assistance Inquiry Report and VOQ

FILE NAME [REDACTED]

CAIR # 7575045

DATE OF INCIDENT 8/3/2000

DATE OF NOTICE 8/14/2000

MODEL/MODEL YEAR 1996 Jeep Grand Cherokee (ZJ)

VIN 1J4GZ78SXT [REDACTED]

MILEAGE 62,000

OWNER [REDACTED]
[REDACTED]
Washington D.C. [REDACTED]
[REDACTED]

FIRE ALLEGED Yes

DESCRIPTION On August 3, 2000 [REDACTED] was operating his 1996 Jeep Grand Cherokee (ZJ) on Route 50 in Maryland with a posted speed limit of 55 mph. The Jeep Grand Cherokee (ZJ) was travelling approximately 20 mph and attempting to change lanes when it was struck in the rear by a Cadillac DeVille and a fire ensued.

PROPERTY DAMAGE ALLEGED No

INJURIES 1

FATALITIES 0

ANALYSIS Based on the inspection of the 1996 Jeep Grand Cherokee (ZJ) and other available information, including police accident report, Chrysler Group is not able to determine a likely relative velocity at impact of the Cadillac DeVille into the rear of the Jeep Grand Cherokee (ZJ). Based on the 55 mph posted speed limit of Route 50 at the scene of the accident, Chrysler Group concludes that the relative impact velocity was likely in excess of 35-40 mph. Based on the results of the vehicle inspection, the Cadillac DeVille underrode the rear end of the Jeep Grand Cherokee (ZJ) and the impact likely ruptured the fuel tank resulting in the fire. According to the police accident report, the Cadillac DeVille struck the Jeep Grand Cherokee (ZJ) with a left offset likely increasing the crash forces acting on the Jeep Grand Cherokee (ZJ). The damage to the rear of the Jeep Grand Cherokee (ZJ) is depicted in the photographs in Enclosure 4 Bates Nos. PE10-031-Chrysler-000182-183.

Customer Assistance Inquiry Record (CAIR)#**6406898**

Vin	1J4FX58S9	TC	4	Open Date	11/01/1999	Build Date	03/19/1996
Model Year	96	Body	ZJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	04/26/1996	Dealer	99999	Dealer Zone		Mileage	40,000
Name:						Contact Type	TELEPHONE
Address						Home Phone	
	BRANDON FL					Country	UNITED STATES

Referral - Legal - Small Claims - Default - Default	Vehicle in accident, caught fire injuring owner
Product - Unknown - Unknown - Accident - Default	
Product - Unknown - Unknown - Fire - Unknown	

110199 Attorney Ken Mastrilli calls representing 2nd Owner [REDACTED]
Mr. Mastrilli states vehicle was in fire after collision--client has burns on face, arms and ears, owner is suffering from psychological trauma related to accident as well as back/neck injuries. No knowledge of whether other driver was injured.
Accident occurred on October 9th, 1999. Vehicle was stopped and rear ended by another vehicle. Speed of other vehicle is unknown.
Vehicle is currently at Sadisco Salvage Yard in Tampa, FL. (813-677-7111)
Geiko insurance claim agent Brenda Glover can be reached at 800-648-2493, ext. 4403--policy # is [REDACTED]
Police report filed with City of Tampa Police Department---report # is 99T78249.
Business number listed is to contact Mr. Mastrilli's office as he is requesting all review/inspections of vehicle go through him.
Writer will forward file to special investigations for review.
11-1-99 need letter of representation from attorney. thanks. art gilbert
11-3-99 rec'd fax of attorney representation letter dated 11-2-99.
date of accident: 10-9-99
client: [REDACTED].
location: [REDACTED] a highway, tampa, fl., phone [REDACTED]
maybe moved to: eur am paint and body, 4514 s. dale mabry, tampa, fl.
phone #: 813 831-7674.
alleged injuries due to vehicle involved in an accident and then fire.
11-3-99 please contact attorney and owner if possible and arrange for inspection of alleged incident. need pvir and vfir. thanks. art gilbert
CAIR NUMBER 06406898 REQUEST EAA INSPECTION 11-03-1999 08:53
CAIR NUMBER 06406898 FAX SENT TO EAA 11-03-1999 09:00
PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 11/11/99 AT 00:00 06406898
PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 11/11/99 AT 00:00 06406898
PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 11/11/99 AT 00:00 06406898
PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 11/12/99 AT 00:00 06406898
11-12-99 eaa report rec'd. severe impact to rear of vehicle. origin of fire appear to be rear of vehicle. collision damage had crushed the fuel filler opening and tube. no manufacturing responsibility. requested letter to attorney. alg
11-12-99 mailed_letter.
U011205
U011205

Customer Assistance Inquiry Record (CAIR)#**6383957**

Vin	1J4FX58S9 TC [REDACTED] 4	Open Date	10/27/1999	Build Date	03/19/1996
Model Year	96	Body	ZJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR	
In Service Dt	04/26/1996	Dealer	65395	Dealer Zone	66
Mileage			1		
Name:	[REDACTED]			Contact Type	LETTER
Address	1			Home Phone	
	NA FL 00000			Country	UNITED STATES

Product - Unknown - Unknown - Accident - Default

attorney letter dated 10-21-99.
alleged accident due to defect in vehicle. injuries to client
client: [REDACTED]
date of accident: 10-9-99
10-27-99 requested 1st notice letter to attorney. alg
10-28-99 letter mailed. alg
see 6406898

Customer Assistance Inquiry Record (CAIR)#**6383957**

Vin	1J4FX58S9	TC317264	Open Date	10/27/1999	Build Date	03/19/1996	
Model Year	96	Body	ZJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	04/26/1996	Dealer	65395	Dealer Zone	66	Mileage	1
Name:	[REDACTED]				Contact Type	LETTER	
Address	1				Home Phone		
	NA FL 00000				Country	UNITED STATES	

Product - Unknown - Unknown - Accident - Default

attorney letter dated 10-21-99.
alleged accident due to defect in vehicle. injuries to client
client: [REDACTED]
date of accident: 10-9-99
10-27-99 requested 1st notice letter to attorney. alg
10-28-99 letter mailed. alg
see 6406898

Customer Assistance Inquiry Record (CAIR)#**6406898**

Vin	1J4FX58S9	TC	██████████	Open Date	11/01/1999	Build Date	03/19/1996
Model Year	96	Body	ZJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR			
In Service Dt	04/26/1996	Dealer	99999	Dealer Zone		Mileage	40,000
Name:	██████████					Contact Type	TELEPHONE
Address	██████████					Home Phone	
	BRANDON FL ██████████					Country	UNITED STATES

Referral - Legal - Small Claims - Default - Default	Vehicle in accident, caught fire injuring owner
Product - Unknown - Unknown - Accident - Default	
Product - Unknown - Unknown - Fire - Unknown	

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date of accident: 10-9-99
client: ██████████
location: ██████████
maybe moved to: eur am paint and body, 4514 s. dale mabry, tampa, fl.
phone #: 813 831-7674.
alleged injuries due to vehicle involved in an accident and then fire.
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PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 11/12/99 AT 00:00 06406898
11-12-99 eaa report rec'd. severe impact to rear of vehicle. origin of fire appear to be rear of vehicle. collision damage had crushed the fuel filler opening and tube. no manufacturing responsibility. requested letter to attorney. alg
11-12-99 mailed_letter.
U011205
U011205

043885

Personal Injury Law Center, P.A.
4263 Henderson Blvd.
Tampa, FL 33629
Phone: (813) 287-8455
Fax: (813) 287-0044
KENNETH W. MASTRELLI, ESQUIRE
ALBERT J. ARENA, ESQUIRE

FAX COVER SHEET

FAX NUMBER TRANSMITTED TO: (248) 512-8748

PAGES SENT*: 3

To: Art Gilbert

OF: Daimler Chrysler

From: Ken Mastrelli

Client/Matter:



Date: 11/2/99

COMMENTS:

* NOT COUNTING COVER SHEET IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (813) 287-8455.

PERSONAL INJURY LAW CENTER, P.A.

*KENNETH W. MASTRILLI
ALBERT J. ARENA
ATTORNEYS AT LAW*

October 21, 1999

Chrysler
Attn: Risk Management
P O Box 21-8004
Auburn Hills, MI 48321-8004

RE: My Client: [REDACTED]
Date of Accident: 10/9/99

Dear Sir/Madam:

Please be advised that I represent the interests of [REDACTED] with respect to a accident in which he sustained injuries on October 9, 1999 due to a defect in his vehicle.

Please allow this letter to act as my request, pursuant to Florida law, that you disclose to me the name of the insurance company and policy number of the applicable policy for this loss.

As well, please be advised that any further contact regarding this claim should be through my office.

Thank you for your attention and cooperation regarding the above. If you have any questions, please do not hesitate to contact me.

Yours very truly,

Ken W. Mastrilli

Ken W. Mastrilli

KWM/br

4263 HENDERSON BOULEVARD / TAMPA, FL 33629 / (813) 287-2455 / 1-800-444-1536 / FAX (813) 287-0044

PERSONAL INJURY LAW CENTER, P.A.

KENNETH W. MASTRILLI
ALBERT J. ARENA
ATTORNEYS AT LAW

November 2, 1999

A.L. Gilbert
Daimler Chrysler Motors Corporation
P O Box 21-8004
Auburn Hills, MI 48321-8004

RE: My Client: [REDACTED]
D/A: 10/9/99

Dear Mr. Gilbert:

I am in receipt of your letter requesting information dated October 27, 1999. Per your request for additional information and materials I have attempted to answer your requests.

1. The current location of Mr. [REDACTED] vehicle is at Sadisco of Florida located at 6522 Old 41 A Highway, Tampa, Florida, which may be reached at (813)-677-7111. Please note that the vehicle may be moved to Eur Am Paint & Body, Inc., located at 4514 S. Dale Mabry, Tampa, Florida, which may be reached at (813)831-7674.

2. Repairs to the 1996 Jeep Cherokee owned by my client have been at Fire Stone located on Brandon Blvd in Brandon, Florida. (Minor, pre-incident repairs only, the Jeep was totaled after it exploded.)

3. This office has requested but has not yet received a police report relating to this incident. You may request one from the Tampa Police Department, police report number 99T-78249. Copies of the photographs of the damaged vehicle are enclosed.

4. Mr. Jackson received first and second degree burns across his face and left arm. Mr. [REDACTED] also has psychological trauma associated with him breaking a window and exiting the car less than a minute before the vehicle exploded. Mr. [REDACTED] is also suffering from several other injuries including rib, back, and TMJ pain.


5. Our legal theory is that Chrysler designed, produced, or manufactured a vehicle that it knew or should of known had a tendency to explode, possibly because of a defective fuel tank or fuel system.

6. The vehicle identification number is 1J4FX5859PC [REDACTED]

4263 HENDERSON BOULEVARD / TAMPA, FL 33629 / (813) 287-8455 / 1-800-344-1536 / FAX (813) 287-0044

Should you need any additional information in the evaluation of this claim please do not hesitate to contact this office.

Sincerely,


Albert J. Arena

AJA/ht
Enclosures

PERSONAL INJURY LAW CENTER, P.A.



ENGINEERING ANALYSIS ASSOCIATES, INC.

30700 Telegraph Road - Suite 4566
Bingham Farms, Michigan 48025-4528
Phone: 248-642-3232
Fax: 248-642-4558



During the period from 11/1/99-12/17/99 you may receive an increase in vehicle inspection volume and further distances due to certain SA's working a heavier schedule on SPI-GM service tool inventory. If this becomes a problem for you, please let me know.

Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation Report (VIR)

Owner:	[REDACTED]
EAA No:	DF01-31801
CAIR No:	6400898

Transmitting <u>3</u> pages.
If transmission not complete, please call the above phone number.

To:	Richard Palandoff
Phone No:	
Fax No:	813-645-5538

From:	Tina Martin
Date Faxed:	11-3
Due Date:	11-8

Please acknowledge promptly by FAX or phone.			
Receipt of CAIR and Accepting case for investigation	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	DATE 11-3-99

Fax Coversheet for DaimlerChrysler (Service Associate Use Only) (also fax to EAA for closure)	
Date: 11-5-99	Fax Number: 248-512-8748
Number of pages (incl. Cover) 15	
TO:	
<input type="checkbox"/> Bennis (248) 944-7036	<input type="checkbox"/> Martell (248) 944-7038
<input type="checkbox"/> Bott (248) 944-7056	<input type="checkbox"/> Mucci (248) 944-7039
<input checked="" type="checkbox"/> Gilbert (248) 944-7037	<input type="checkbox"/> Porterfield (248) 944-7134
Comments:	Assignment complete



CHRYSLER CORPORATION
CHAIR 6406898

Vehicle Fire Investigation Report

YEAR	MODEL	VEHICLE IDENTIFICATION NUMBER	ODOMETER	M.O.M.	DELIVERY DATE
1996	Jeep Grand	1J4FA1S181912C	UNKNOWN	UNKNOWN	4-26-96
NAME OF OWNER:		ADDRESS/LOCATION			
CITY		STATE	ZIP	BUSINESS PHONE	HOME PHONE
BRANDON		FL			
SELLING DEALER NAME		ZONE	CITY	STATE	
BRANDON CHRYSLER - PLY		6161531905	BRANDON	FL	

INTERVIEW

INTERVIEW WITH:	NAME	INTERVIEW DATE	DATE OF FIRE	TIME OF FIRE	INSPECTION DATE
<input type="checkbox"/> DRIVER <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER		1/10/4/99	10/09/99	7:15 AM	1/10/5/99

1. DESCRIPTION OF EVENT: SEE ATTACHMENT

2. WHERE WAS FIRE FIRST NOTICED? (GENERAL ORIGIN) ENGINE COMP. INSTRUMENT PANEL INTERIOR (NOT VP) TRUNK UNDERBODY

3. WHAT AREA OF GENERAL ORIGIN (ABOVE) WAS FIRE NOTICED? (SPECIFIC LOCATION OF GENERAL ORIGIN AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER

4. OPERATING MODE PRIOR TO FIRE (Use Back of Form for Additional Comments)
 DRIVING, WHAT SPEED? _____, HOW LONG? _____ IDLING, HOW LONG? _____ IGNITION OFF, HOW LONG? _____

5. OPERATING MODE AT TIME OF FIRE (Use Back of Form for Additional Comments)
 DRIVING, WHAT SPEED? _____, HOW LONG? _____ IDLING, HOW LONG? _____ IGNITION OFF, HOW LONG? _____

6. ANY NOTICEABLE EVENTS PRIOR TO FIRE? (EXPLAIN) MISFIRE, DIEOUT BACKFIRE FLUID LEAKS FUEL ODOR LIGHTS DIMMING/FLASHING INOPERATIVE COMPONENT/SYSTEM
 WARNING LIGHTS/GAUGES OTHER

7. WHAT ACCESSORIES WERE ON AT TIME OF FIRE? LIGHTS BLOWER MOTOR REAR DEFROSTER WIPERS A/C OTHER, DESCRIBE

8. HOW LONG DID FIRE BURN AND METHOD USED TO EXTINGUISH?
_____ MINUTES WATER EXTINGUISHER SELF EXTINGUISHED

9. LIST PAST REPAIRS AND DATES (INCLUDE OIL CHANGES - USE BACK OF FORM FOR ADDITIONAL COMMENTS)

10. WERE ANY OCCUPANTS IN VEHICLE (PRIOR TO FIRE) SMOKERS? (IF INTERIOR OR I/P FIRE) YES NO

11. ANY ADDED ACCESSORY EQUIPMENT OR MODIFICATIONS TO VEHICLE? YES NO (IF YES, DESCRIBE)

12. ANY LOSS OF OR DAMAGE TO PERSONAL PROPERTY? YES NO (IF YES, DESCRIBE)

13. ANY ALLEGED PERSONAL INJURIES? YES NO (IF YES, DESCRIBE)

14. DID OWNER NOTIFY HIS INSURANCE CARRIER?
 YES (NAME OF COMPANY GEICO Ins) NO (ADVISE HIM TO DO SO)

15. DID YOU SECURE PERMISSION FROM THE OWNER OR DRIVER TO INSPECT VEHICLE? YES NO, (IF NO, DO NOT INSPECT, DO NOT COMPLETE ORIGIN AND CAUSE SECTION)

INVESTIGATION (INSPECT ITEMS ON REVERSE SIDE BEFORE PROCEEDING)

GENERAL ORIGIN (CHECK THE AREA WITH MOST DAMAGE) ENGINE INSTRUMENT PANEL INTERIOR (NOT VP) TRUNK UNDERBODY

LOCATION (CHECK THE AREAS WITH THE MOST DAMAGE AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER

LOWEST POINT OF BURNING TOP OF VEHICLE MIDDLE OF VEHICLE BOTTOM OF VEHICLE

DETERMINATION OF ORIGIN AND POSSIBLE CAUSE

ORIGIN APPEARS TO BE IN THE AREA OF:
NEAR OR AROUND FUEL TANK

CAUSE APPEARS TO BE:
UNKNOWN

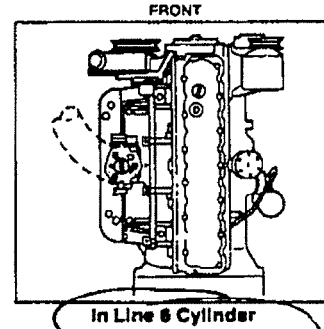
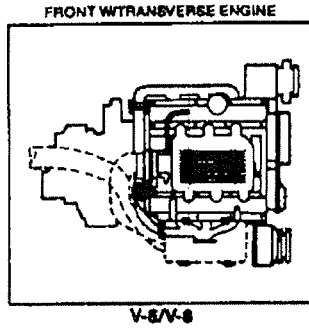
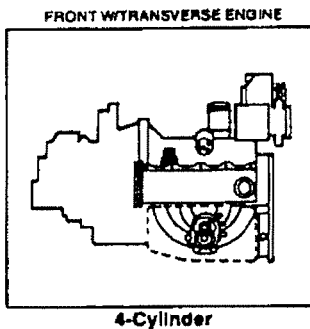
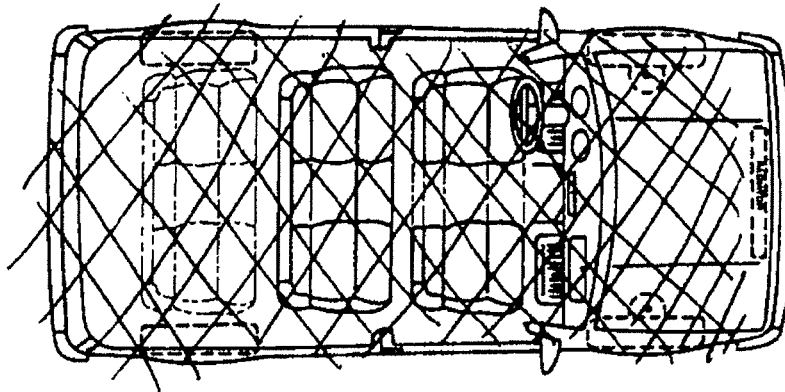
REASONS FOR STATING ORIGIN AND CAUSE:

CHRYSLER REPRESENTATIVE - PRINT OR TYPE	ZONE	PHONE	DAMAGE CLASS (CHECK ONE)	<input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> MAJOR	REPAIR ESTIMATE
<u>R.T. FALANDEYSZ</u>	<u>E.A.A.</u>	<u>Orlando 813-645-3145</u>	<input type="checkbox"/> BELL <input type="checkbox"/> COMPANY USE		<u>TOTAL</u>
NOV 5 '99 17:05				813 645 5538	PAGE.002

CAR 640684K

LINE IN (CROSS HATCH) AREA MOST SEVERELY AFFECTED (IE: [cross-hatched area])

SKETCH KEY COMPONENTS/DETAIL AS REQUIRED (EX: FUSES, FUSELINKS, WIRING, FUEL HOSES OR TUBES, POWER STEERING HOSES OR TUBES, ETC.)



INSPECTION LIST (CHECK OFF AND NOTE OBSERVATIONS WHERE APPLICABLE TO DETERMINE POSSIBLE ORIGIN AND CAUSE. ADD ADDITIONAL COMMENTS BELOW)

- CHECK VEHICLE HISTORY FILE.
- IDENTIFY COMBUSTIBLES WITH MOST DAMAGE — NOTE BURNED PAINT, MELTED PLASTICS AND ALUMINUM AS INDICATOR OF HOT SPOTS. *N/A*
- IDENTIFY HEAT SOURCES AND LIST MOST LIKELY METHOD OF IGNITION. *SEE ATTACHMENT*
- STUDY PROGRESSION OF FIRE FROM IGNITION SOURCE TO OTHER COMBUSTIBLES (LARGE COMBUSTIBLE OBJECTS MAY LEAVE A DECEIVING HOT SPOT — COMPARE BURN PATTERN TO CUSTOMER'S DESCRIPTION OF WHERE FIRE WAS FIRST NOTED.) USE POINTER METHOD. *SEE ATTACHMENT*
- EXHAUST MANIFOLD/PIPE — LOOK FOR: WITNESS OF FLUID LEAKS (ENGINE OIL, TRANS., POWER STEERING FLUID, COOLANT, ETC.) RODENT NESTS, OR OTHER FOREIGN OBJECTS. *SEE ATTACHMENT*
- FUEL HOSES AND TUBES — LOOK FOR PROPER ROUTING, CLAMP POSITION AND TYPE. NOTE HOSE RESIDUE UNDER CLAMP. *N/A*
- FUSELINKS (OR CARTRIDGE) AND INTERIOR FUSE CONDITION — CHECK FOR OPENS AND COMPARE SIZE (RATING) WITH SPECIFICATIONS. *N/A*
- WIRING — LOOK FOR MOLTEN ENDS (STRAND WITH BALL ON END), COPPER DEPOSITS, BURN HOLES IN METAL — INDICATING ARCED OR SHORTED WIRE — NOTE POSSIBLE CAUSE (PINCHED, CHAFED, SCREW THROUGH WIRE, OVER RATED FUSE OR FUSELINK, ETC.). *N/A*
- POWER STEERING PUMP AND HOSES — LOOK FOR HOSE TUBE DAMAGE, HOSE ROUTING, EVIDENCE OF CHAFING, MISSING PUMP CAP (REMAINS IN PUMP), ETC. *SEE ATTACHMENT*
- ENGINE — OIL LEAKS: AT VALVE COVER, HEAD GASKET, LOOSE OR MISSING OIL FILLER CAP, OIL PAN, FILTER, SENDING UNIT, CAM PLUG, ETC. *SEE ATTACHMENT*
- AFTERMARKET EQUIPMENT INSTALLATION — CHECK FOR PROPER FUSING AND TRACE WIRE ROUTING TO POWER SOURCE. *SEE ATTACHMENT*
- ASH TRAYS — CHECK FOR CIGARETTES AND DEBRIS IN ASH TRAY, ON SEAT CUSHIONS AND CARPETING. *NONE OBSERVED*
- SWITCHES — CHECK IGNITION AND ALL OTHER SWITCH POSITIONS TO DETERMINE WHICH CIRCUITS WERE ON AT TIME OF FIRE. *unable to determine*

ADDITIONAL COMMENTS: *SEE ATTACHMENT*

ATTACH: POLICE OR FIRE REPORTS, IF AVAILABLE REPAIR ESTIMATES
 PREVIOUS SERVICE FILE OTHER ()
 PHOTOGRAPHS (3 COPIES W/NEG.)

NOTE: PRIOR APPROVAL IS REQUIRED BEFORE SHOWING OR PROVIDING THIS REPORT TO PERSONS NOT IN THE EMPLOY OF CHRYSLER CORPORATION.

DISTRIBUTION: RETAIN MACHINE COPY FOR ZONE OWNER RELATIONS FILE. OWNER OR DEALER SOLD: FORWARD ORIGINAL TO S&P DIVISION SPECIAL INVESTIGATIONS DEPARTMENT DEALER UNSOLD OR CARRIER FORWARD ORIGINAL TO S&P DIVISION DEALER CLAIMS ANALYSIS & CONTROL

CAIR #6406898
Attachment, Page 1 of 2,
November 5, 1999.

Description Of Event:

Initial contact was made with attorney A. J. Arena who is a partner with attorney Ken Mastrilli. When this inspector requested the phone number of the owner of the vehicle, [REDACTED] Mr. Arena stated that he would not let his client be interviewed. He also stated that any detailed information could be obtained from the police report.

Mr. Arena stated that his client was sitting stopped at a traffic light when another vehicle hit him in the rear end. The collision caused the vehicle to burst into flame at the fuel tank area and quickly spread to the interior. Mr. [REDACTED] reportedly was burned and suffered neck and back injuries as well as being traumatized.

Additional Comments:

Several phone calls were made to Brenda Glover of Geico Insurance. Messages were left to obtain information, however, she did not return my calls until this report was being finalized. She stated that they have settled with the owner and that attorney Ken Mastrilli has purchased the vehicle wreckage for evidence.

An appointment for the vehicle inspection had to be coordinated with attorney Ken Mastrilli who insisted on being present. The vehicle was inspected at Sadisco Salvage Yard in Riverview, Florida. Following are details of the inspection:

- The vehicle suffered severe damage to the rear end. The damage was most severe at the left lower rear end. The amount of crush could not be accurately measured but was close to 22.0 inches at the left side of the fuel tank area. Collision damage also occurred to the right side from the rear of the right front fender across both doors to the rear quarter panel. Both left side doors also experienced collision damage. The rear hatchback was twisted from right to left.
- All four tires were deflated and burned. The left rear rim had been severely melted off and the remains of the left rear wheel were in the rear of the vehicle. The other tires were still on the rims and the vehicle appears to have been pushed from right to left because of the way the tires were rolled on the rims.
- The fire started at the rear of the vehicle and traveled toward the front. The extreme front end paint did not experience damage from the fire. Damage to the interior was complete. The flames traveled through the front completely melting out the windshield. Also, flames came through the rear wall of the engine compartment causing some damage at the rear and top of the engine.

CAIR #6406898
Attachment, Page 2 of 2.
November 5, 1999.

Details of the inspection, continued:

- Even though the hood had been apparently damaged by the fire department it could not now be opened without removing the hood latch mechanism. Damage to the engine compartment was minimal. The brake master cylinder, windshield washer fluid, and engine coolant reservoirs were melted from external flames and mostly empty of their respective fluids. Power steering fluid, engine oil, and transmission fluids were full. The engine compartment tubes and hoses had minimal exterior damage. The negative battery cable and clamp had been cut and pulled off the battery post.
- The interior was severely damaged from the fire. All trim and upholstery were burned or melted away. The driver side seat back frame was bent rearward. The front end grille was thrown inside the vehicle. Also, a burned Crescent wrench was laying at the side of the driver seat.
- The vehicle was lifted for a complete inspection of the fuel tank area. Collision damage had crushed the fuel filler opening and fuel filler tube. Also, the left rear frame sidemember was severely crushed. The remains of the fuel tank consisted of the bottom panel and the fuel sending unit still connected to the vehicle with the electrical wire. The left hand fuel support strap was completely missing while the right hand support strap was badly twisted. This whole rear area around the fuel tank and rear axle was badly charred. The flames did not appear to have traveled far forward on the undercarriage.

Written Estimate OF Repair: The vehicle is totally damaged and no estimate of repair has been made. The vehicle has been purchased from the insurance company for evidence.

Police and Fire Department Reports: Both are enclosed.

Photos: Four rolls of film were mailed this date.





PE10-031-Chrysler-000199

LONG FORM SHORT FORM
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

6406898

FILE COPY

DATE OF CRASH 10/09/99	TIME OF CRASH 07:20 AM	TIME OFFICER NOTIFIED 07:21 AM	TIME OFFICER ARRIVED 07:51 AM	INVEST. AGENCY REPORT NUMBER 99T-78249	HSMV CRASH REPORT NUMBER 55969152
COUNTY / CITY CODE 03/50	Feet or Miles Feet	N S E W N	CITY OR TOWN Tampa	(Check if In City or Town)	COUNTY HILLSBOROUGH
AT NODE NO. or FEET / MILES FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 2	1 DIVIDED 2 UNDIVIDED	ON STREET, ROAD OR HIGHWAY S. WEST SHORE BLVD	
AT INTERSECTION OF W. TRILBY ST	FEET / MILES	N S E W	OF INTERSECTION OF		

DRIVER ACTION 1 Phantom 2 HR & Run 3 N/A	YEAR 98	MAKE Ford	TYPE 01	USE 01	VEH. LICENSE NUMBER FL	STATE FL	VEHICLE IDENTIFICATION NUMBER 1FMYU22X7WV	POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE		1 3

INSURANCE COMPANY (LIABILITY OR PIP) PROGRESSIVE	POLICY NUMBER	VEHICLE REMOVED BY: JFTOWING	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
OWNER'S FULL NAME (Check if Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
OWNER'S FULL NAME (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER (Exactly as on Driver License) / Pedestrian	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH
DRIVER LICENSE NUMBER	STATE FL	PL. REG. TYPE, DIV. 53	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	RECOMMEND RE-EXAM	1 Yes 2 No
PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS	CITY & STATE / ZIP	AGE LOC. INJ. S. EQUIP. EJECT.

DRIVER ACTION 1 Phantom 2 HR & Run 3 N/A	YEAR 96	MAKE Jeep	TYPE 01	USE 01	VEH. LICENSE NUMBER FL	STATE FL	VEHICLE IDENTIFICATION NUMBER 1J4FX859T	POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE		1 3

INSURANCE COMPANY (LIABILITY OR PIP) GEICO (PROOF CONSUMED BY FIRE)	POLICY NUMBER	VEHICLE REMOVED BY: Evanm Towing	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
OWNER'S FULL NAME (Check if Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
OWNER'S FULL NAME (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE FL	PL. REG. TYPE, DIV. 53	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative		DRIVER'S PHONE NO.						
PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS	CITY & STATE / ZIP	AGE	LOC.	INJ.	S. EQUIP.	EJECT.					

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION (In Vehicle)
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailer(s)	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
03 Pickup/Light Truck (2 rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident of State	3 Failure/Asleep	3 Drugs - Under Influence	3 Front Right
04 Medium Truck (4 rear tires)	04 Commercial Transport	04 Saddle Mount/Flatbed	4 Foreign	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
05 Heavy Truck (2 or more rear tires)	05 Public School Bus	05 Semi Trailer	5 Unknown	5 Brakes	5 Had Been Drinking	5 Rear Center
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer		6 Seizure, Epilepsy, Blackout	6 Pending BAC Test Result	6 Rear Right
07 Motor Home (RV)	07 Private School Bus	07 Horse Trailer	DL TYPE	7 Other Physical Defect	7 In Body of Truck	7 In Body of Truck
08 Bus	08 Law Enforcement	08 Pole Trailer	1 A 2 B 3 C		8 Bus Passenger	8 Bus Passenger
09 Motorcycle	09 Fire/Rescue	09 Towed Vehicle	1 White		9 Other	9 Other
10 Moped	10 Military	77 Other	2 Black		1 Not in Use	1 Not in Use
11 All Terrain Vehicle	11 Other Government		3 Hispanic		2 Seat Belt / Shoulder Harness	2 Seat Belt / Shoulder Harness
12 Train	77 Other		4 Other		3 Child Restraint	3 Child Restraint
77 Other			5 E/Operator		4 Air Bag	4 Air Bag
			6 E/Operator		5 Safety Helmet	5 Safety Helmet
			7 None		6 Eye Protection	6 Eye Protection
			REQUIRED ENDORSEMENTS			
			1 Yes 2 No 3 NR			

HSMV 90003 (1/95) S
 CASCIANDER 24142 DE SA4
 NOV 5 '99 17:08
 Page 1 of 8 Pages
 813 645 5538 PAGE.006

640 6898

DRIVER ACTION 1 Present 2 Hi & Run 3 N/A	YEAR 3	MAKE 94 ISUZU	TYPE 01 01	USE EQ017V F	VEH. LICENSE NUMBER 452C688/EE8	STATE FL	VEHICLE IDENTIFICATION NUMBER [REDACTED]	POINT OF IMPACT CIRCLE AREA OF DAMAGE 13 14 15 16 17 18 19 20 21 22						
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH NA		EST. VEHICLE DAMAGE 1 Destructive 2 Functional 3 No Damage		EST. TRAILER DAMAGE 1 2 3						
INSURANCE COMPANY LIABILITY OR RISK PERSONAL SPECIALTY - U.S. HELMSA		VEHICLE REMOVED BY: DRIVER		1 Tow Operator/Lift 2 Tow Operator/Passenger 3 Driver 4 Other		3								
DRIVER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE								
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE								
DRIVER LICENSE NUMBER		STATE FL	SEX M	HGT 5	HAIR BRN	EYES BLU	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED						
HAZARDOUS MATERIALS BEING TRANSPORTED		RECOMMEND RE-EXAM		CITY & STATE / ZIP		AGE LOC. IN. S. EQUIP. ELEC.								
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS								
1 CHAIN LINK FENCE		\$1,000		(727) 325 1100		ST PETERSBURG, FL								
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS								
2		\$												
CONTRIBUTING CAUSES - DRIVER/PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS					
01 No Impaired Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic			01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Bleedout 06 Steering Block 07 Windshield Wipers 08 Equipment/Vehicle Defect 77 All Other (Explain in Remarks)			01 Straight Ahead 02 Stopping/Stopped/Blocked 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn			1 None 2 Form 3 Police Permit 4 Recreational 5 Emergency Operation 6 Construction/Maintenance					
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Flouting Police 23 Vehicle Modified 27 All Other (Explain)			LOCATION ON ROADWAY 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone			PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Mid-Block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Other Working in Road 08 Standing/Playing in Road 09 Standing in Prohibited Area 77 All Other (Explain)			LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country					
FIRST / SUBSEQUENT HARMFUL EVENT						ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION					
01 Collision With MV in Transport (Rear-End) 02 Collision With MV in Transport (Head-On) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Backsweep) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision With MV on Other Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train 15 Collision With Animal 16 MV Hit Signlight Post 17 MV Hit Utility Pole/Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Manmade/Pole 22 MV Hit Tree/Structure 23 Collision With Construction Baricade/Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuator 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Movable Object On Road						01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Township/Toll 07 Forest Road 77 All Other			01 Daylight 02 Dark 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown					
CONTRIBUTING CAUSES - ROAD			CONTRIBUTING CAUSES - ENVIRONMENT			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER		
01 No Defects 02 Obstruction With/Without Warning 03 Road Under Repair/Construction 04 Loose Surface Material 05 Shoulder - Sub/Low/High 06 Haul/Road/Unleaded Pavement Edge 07 Standing Water 08 Worn/Polished Road Surface 77 All Other (Explain)			01 Vision Not Observed 02 Inclement Weather 03 Paved/Shoulder Vehicle 04 Trees/Crops/Buildings 05 Leaf on Vehicle 06 Building/Fixed Object 07 Signs/Markings 08 Fog 09 Smoke 10 Other 77 All Other (Explain)			01 No Control 02 School Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer/Guard/Flagman 09 Paved No U-Turn 10 Unpaved Street Zone 11 No Passing Zone 77 All Other (Explain)			01 Not At Intersection / RR Xing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 77 All Other (Explain)			1 Straight-Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb		
VIOLATOR #1		PL STATUTE NUMBER		NAME		CHANGE		STATION #						
#1		[REDACTED]		[REDACTED]		IMPROPER PASSING		[REDACTED]						

Nov-05-99 16:26
FLORIDA TRAFFIC CRASH REPORT
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

640 6898

FILE COPY

COUNTY/CITY CODE 0350		DATE OF CRASH 10-09-99		VEHICLE CRASH REPORT NUMBER						
DRIVER ACTION 1 Phantom 2 MR & Run 3 N/A	YEAR 3 90	MAKE TOYOTA	TYPE 01 01	USE VEH. LICENSE NUMBER VLD93F	STATE FL	VEHICLE IDENTIFICATION NUMBER FLUTISVAE1L1	POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer			
VEHICLE TRAVELING ON <input checked="" type="checkbox"/> LEGALLY PARKED/UNOCCUPIED			Ext. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other			
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: DRIVER		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other				
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
DRIVER LICENSE NUMBER	STATE FL	DL TYPE 53	BAC TEST 1 Blood 2 Breath	RESULTS 3 Urine 4 Refused 5 None	PHYS. DEF. RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative		DRIVER'S PHONE NO. (813) 6279488			
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE	LOC.	INJ.	S. EQUIP.	EJECT.
NONE										
DRIVER ACTION 1 Phantom 2 MR & Run 3 N/A	YEAR 3 89	MAKE PONT	TYPE 01 01	USE VEH. LICENSE NUMBER	STATE FL	VEHICLE IDENTIFICATION NUMBER 1G2WPL4WPK	POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer			
VEHICLE TRAVELING ON <input checked="" type="checkbox"/> LEGALLY PARKED/UNOCCUPIED			Ext. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other			
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: DRIVER		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other				
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
DRIVER LICENSE NUMBER	STATE FL	DL TYPE 53	BAC TEST 1 Blood 2 Breath	RESULTS 3 Urine 4 Refused 5 None	PHYS. DEF. RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative		DRIVER'S PHONE NO.			
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE	LOC.	INJ.	S. EQUIP.	EJECT.
NONE										
INVESTIGATOR, RANK AND SIGNATURE C. SCUDDER 24142		ID/BADGE NUMBER 320	DEPARTMENT Tampa PD		FHP	SO	CPD	OTHER		

1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
3	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
4	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER/PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving/Action	<input type="checkbox"/>	01 No Defects	<input type="checkbox"/>	01 Straight Ahead	<input type="checkbox"/>	1 None	<input type="checkbox"/>
02 Careless Driving	<input type="checkbox"/>	02 Def. Brakes	<input type="checkbox"/>	02 Slowing/Stopped/Stalled	<input type="checkbox"/>	2 Flee	<input type="checkbox"/>
03 Failed to Yield Right-of-Way	<input type="checkbox"/>	03 Worn/Squeak Tires	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	3 Police Pursuit	<input type="checkbox"/>
04 Improper Backing	<input type="checkbox"/>	04 Defective/Improper Lights	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	4 Accidental	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	05 Flashers/Blowout	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	5 Emergency Operation	<input type="checkbox"/>
06 Improper Turn	<input type="checkbox"/>	06 Steering Slack	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	6 Construction/Maintenance	<input type="checkbox"/>
07 Alcohol-Under Influence	<input type="checkbox"/>	07 Windshield Wipers	<input type="checkbox"/>	07 Entering/Leaving Parking Space	<input type="checkbox"/>		
08 Drugs-Under Influence	<input type="checkbox"/>	08 Equipment/Vehicle Defect	<input type="checkbox"/>	08 Properly Parked	<input type="checkbox"/>		
09 Alcohol & Drugs-Under Influence	<input type="checkbox"/>			09 Improperly Parked	<input type="checkbox"/>		
10 Followed Too Closely	<input type="checkbox"/>			10 Making U-Turn	<input type="checkbox"/>		
11 Disobeyed Traffic Signal	<input type="checkbox"/>						
12 Exceeded Safe Speed Limit	<input type="checkbox"/>						
13 Disobeyed Stop Sign	<input type="checkbox"/>						
14 Failed to Maintain Equip./Vehicle	<input type="checkbox"/>						
15 Improper Passing	<input type="checkbox"/>						
16 Drove Left of Center	<input type="checkbox"/>						
17 Exceeded Stated Speed Limit	<input type="checkbox"/>						
18 Obstructing Traffic	<input type="checkbox"/>						

SEC #	PASS #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Hq	Safety Equip.	Eject
Additional Passengers (Narrative)										
		VEH #3 LEGALLY PARKED & UNOCCUPIED ON WEST SIDE OF S. WESTSHORE & WAS STRUCK ON FRONT LEFT BY VEH #1, CAUSING DISPLACEMENT OF APPROX 2'. VEH #3 STRUCK VEH #4 WITH FRONT RIGHT AT LISTED POINT.								
		VEH #4 LEGALLY PARKED & UNOCCUPIED ON WEST SIDE OF S. WESTSHORE & WAS STRUCK ON FRONT LEFT BY VEH #3 AT LISTED POINT.								

WITNESS - NAME	ADDRESS	CITY & STATE	ZIP

WAS INVESTIGATION MADE AT SCENE?	1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/> Where?	IS INVESTIGATION COMPLETE?	1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/> Why?	DATE OF REPORT	PHOTOS TAKEN?	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	3 - Investigating Agency	4 Other
				10/9/99				

VIOLATOR	FL. STATUTE NUMBER	NAME	CHARGE	CITATION #

Nov-05-99 16:27

FLORIDA TRAFFIC CRASH REPORT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500



FILE COPY

COUNTY/CITY/STATE		DATE OF CRASH		POLICE REPORT NUMBER		LOCAL CRASH REPORT NUMBER										
03/50		10/09/99		[REDACTED]		[REDACTED]										
DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	POINT OF IMPACT CIRCLE AREA OF DAMAGE							
		3	91 Toyota	21	01	RVT 70A FL	FL	1NVAE91A5M [REDACTED]	18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer							
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed		EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE						
				ON		500		1 Disabling 2 Functional 3 No Damage		2						
VEHICLE TRAVELING		ON		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE						
W		ON		500		500		1 Disabling 2 Functional 3 No Damage		2						
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other		CITY AND STATE		ZIP CODE						
PROGRESSIVE		[REDACTED]		DRIVER		3		[REDACTED]		[REDACTED]						
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		CITY AND STATE		ZIP CODE						
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]						
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		CITY AND STATE		ZIP CODE						
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]						
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. EXPI.	BAC TEST	3 Urine	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
[REDACTED]		FL	5	3	1 Blood 2 Breath	4 Refused 5 None	NA	NA	NA	NA	NA	NA	NA	NA	NA	
BEING TRANSPORTED		PLACARDED		RECOMMEND RE-EXAM		1 Yes 2 No		1 Yes 2 No		11 YES, Explain in Narrative		DRIVER'S PHONE NO.		EJECT.		
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		CITY & STATE / ZIP		CITY & STATE / ZIP		CITY & STATE / ZIP		CITY & STATE / ZIP		CITY & STATE / ZIP		
NONE		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		
DRIVER ACTION		1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	POINT OF IMPACT CIRCLE AREA OF DAMAGE						
										18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer						
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed		EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE						
				ON		AL		1 Disabling 2 Functional 3 No Damage		5						
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other		CITY AND STATE		ZIP CODE						
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]						
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		CITY AND STATE		ZIP CODE						
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]						
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		CITY AND STATE		ZIP CODE						
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]						
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH		CITY & STATE / ZIP CODE		DATE OF BIRTH						
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]						
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. EXPI.	BAC TEST	3 Urine	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
[REDACTED]		FL	5	3	1 Blood 2 Breath	4 Refused 5 None	NA	NA	NA	NA	NA	NA	NA	NA	NA	
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		RECOMMEND RE-EXAM		1 Yes 2 No		1 Yes 2 No		11 YES, Explain in Narrative		DRIVER'S PHONE NO.		EJECT.		
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		CITY & STATE / ZIP		CITY & STATE / ZIP		CITY & STATE / ZIP		CITY & STATE / ZIP		CITY & STATE / ZIP		
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		
INVESTIGATOR - FRANK AND SIGNATURE		ID/BADGE NUMBER	DEPARTMENT	FHP		SO	CPD	OTHER	CITY AND STATE		ZIP CODE		CITY AND STATE		ZIP CODE	
[REDACTED]		21142	320	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ZIP
2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ZIP
3	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS CITY STATE ZIP
4	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS CITY STATE ZIP

CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS		
01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic	<input checked="" type="checkbox"/> 01 <input checked="" type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input checked="" type="checkbox"/> 04 <input checked="" type="checkbox"/> 05 <input checked="" type="checkbox"/> 06 <input checked="" type="checkbox"/> 07 <input checked="" type="checkbox"/> 08 <input checked="" type="checkbox"/> 09 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input checked="" type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 <input checked="" type="checkbox"/> 18	01 No Defects 02 Def. Brake 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Wheel 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)	<input checked="" type="checkbox"/> 01 <input checked="" type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input checked="" type="checkbox"/> 04 <input checked="" type="checkbox"/> 05 <input checked="" type="checkbox"/> 06 <input checked="" type="checkbox"/> 07 <input checked="" type="checkbox"/> 08 <input checked="" type="checkbox"/> 09 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input checked="" type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 <input checked="" type="checkbox"/> 18	01 Straight Ahead 02 Stopping / Stopped / Blocked 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Malfunction U-Turn	<input checked="" type="checkbox"/> 01 <input checked="" type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input checked="" type="checkbox"/> 04 <input checked="" type="checkbox"/> 05 <input checked="" type="checkbox"/> 06 <input checked="" type="checkbox"/> 07 <input checked="" type="checkbox"/> 08 <input checked="" type="checkbox"/> 09 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input checked="" type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 <input checked="" type="checkbox"/> 18	19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Flipping Police 23 Vehicle Modified 77 All Other (Explain)	LOCATION ON ROADWAY <input checked="" type="checkbox"/> 1 On Road <input checked="" type="checkbox"/> 2 Not On Road <input checked="" type="checkbox"/> 3 Shoulder <input checked="" type="checkbox"/> 4 Median <input checked="" type="checkbox"/> 5 Turn Lane / Safety Zone	PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Midblock Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Other Working in Road 08 Stopping/Playing in Road 09 Standing in Road 10 Standing in Pedestrian Island 77 All Other (Explain) 88 Unknown

Additional Passengers Narrative

SEC. #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Sex	Safety Equip.	Exact
		VEH#5, LEGALLY PARKED IN FENCED LOT ON WEST SIDE OF WESTSHORE, UNOCCUPIED, DAMAGED BY FIRE FROM VEH#2 AT LISTED POINT.								
		VEH#6 LEGALLY PARKED IN FENCED LOT ON WEST SIDE OF WESTSHORE, UNOCCUPIED, DAMAGED BY FIRE FROM VEH#5 AT LISTED POINT.								

WITNESS - NAME	ADDRESS	CITY & STATE	ZIP
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WAS INVESTIGATION MADE AT SCENE?	1 Yes <input checked="" type="checkbox"/> 2 No - Where? <input type="checkbox"/>	IS INVESTIGATION COMPLETE?	1 Yes <input checked="" type="checkbox"/> 2 No - Why? <input type="checkbox"/>	DATE OF REPORT	PHOTOS TAKEN?	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	3 - Investigating Agency	4 Other
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VIOLATOR	FL. STATUTE NUMBER	NAME	CHARGE	CITATION #

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE



FILE COPY

EMS INFO FATALS ONLY	TIME EMS NOTIFIED	AM PM	TIME EMS ARRIVED	AM PM	COUNTY / CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
					03/50	10/09/99	99T-72249	3596152

VEH #1, N.B. ON SWEETSHORE, AT APPROX 50-60MPH, OBSERVED SLOWER TRAFFIC IN PATH OF TRAVEL, ATTEMPTED TO PASS ON LEFT, FAILED TO OBSERVE TRAFFIC TURNING INTO PATH OF TRAVEL, & STRUCK VEH #2 WITH FRONT AT LISTED POINT. VEH #1 CONTINUED N.B. LEAVING APPROX 160' OF SKID MARKS, ROTATED 180°, & STRUCK VEHICLE #3 WITH REAR AT LISTED POINT.

VEH #2, NB ON S. WESTSHORE, AT APPROX 5-10MPH, ATTEMPTED LEFT TURN TO PRIVATE PARKING LOT & WAS STRUCK BY VEH #1 AT REAR, AT LISTED POINT. VEH #2 CONTINUED N/NW BOUND LEAVING ROADWAY, ENVELOPED IN FLAME, & STRUCK CHAINLINK FENCE AT LISTED POINT, CONTINUED APPROX 14' & CAME TO REST AS SHOWN.

SEC.	PASS.	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject

VOLANTOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #
VOLANTOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

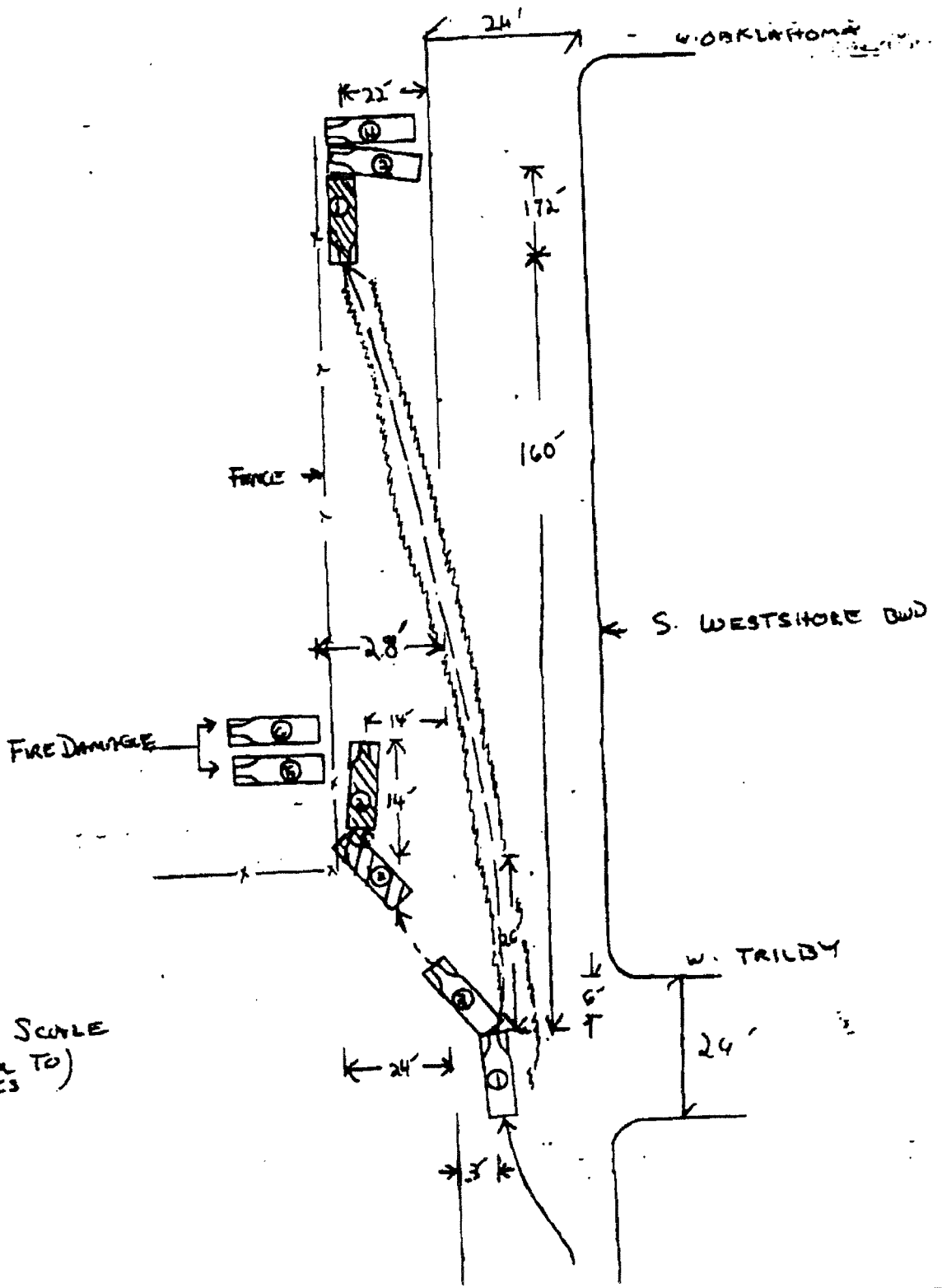
Tampa FL
Tampa FL

FIRST AID GIVEN BY - NAME: TAMPA FIRE RESCUE 19
 PHYSICIAN OR NURSE 4
 PARAMETRIC OR EMT 2
 POLICE OFFICER 3
 INJURED TAKEN TO: 2 REFUSED
 DATE OF REPORT: 11/05/99
 PHOTOS TAKEN: 1 YES 2 NO 3 INVEST. AGENCY 4 OTHER
 INVESTIGATOR - RANK & SIGNATURE: A. SCUDDER 24142
 ID / BADGE NUMBER: 320
 DEPARTMENT: TAMPA PD
 FHP SO CPD OTHER

DIAGRAM



INDICATE NORTH WITH ARROW



Not To Scale
(According To)
WITNESSES

MATTER # 1033039
FILE TYPE Legal Claim and CAIR
FILE NAME [REDACTED]
CAIR # 6406898
DATE OF INCIDENT 10/9/1999
DATE OF NOTICE 11/01/1999
MODEL/MODEL YEAR 1996 Jeep Grand Cherokee (ZJ)
VIN 1J4FX58S9TC [REDACTED]
MILEAGE 40,000
OWNER [REDACTED]
[REDACTED] Brandon, Florida [REDACTED]

FIRE ALLEGED Yes

DESCRIPTION On October 9, 1999 [REDACTED] was operating his 1996 Jeep Grand Cherokee (ZJ) on Westshore Boulevard in South Tampa, Florida with a 40 mph posted speed limit. [REDACTED] had slowed his Jeep Grand Cherokee (ZJ) to a stop or close to a stop to make a U-turn when it was struck in the left rear by a Ford Explorer travelling at approximately 50-60 mph that was passing a slower moving vehicle. A fire ensued.

PROPERTY DAMAGE ALLEGED No

INJURIES 1

FATALITIES 0

ANALYSIS Based on the inspection of the 1996 Jeep Grand Cherokee (ZJ) and other available information, including the police accident report and witness statements, Chrysler Group concludes that the impact of the Ford Explorer to the left rear of the Jeep Grand Cherokee (ZJ) occurred at a relative velocity of 45-60 mph. The severe, high energy impact resulted in the left rear of the Jeep Grand Cherokee (ZJ) being pushed forward toward the rear axle approximately 22 inches crushing the fuel system and causing the fire. The fuel filler tube was crushed, the left rear frame rail was severely crushed and the fuel tank straps were twisted or destroyed. The severe damage to the rear end of the Jeep Grand Cherokee (ZJ) is depicted in the photographs in Enclosure 4 Bates Nos. PE10-031-Chrysler-000198-199.

Customer Assistance Inquiry Record (CAIR)#**6403322**

Vin	1J4FX48S7	WC	Open Date	10/29/1999	Build Date	12/23/1997
Model Year	98	Body	ZJTL74	JEEP GRAND CHEROKEE SPORT UTILITY 4-DR		
In Service Dt	02/11/1998	Dealer	99999	Dealer Zone	Mileage	1
Name:					Contact Type	TELEPHONE
Address					Home Phone	
	NORTHRIDGE CA				Country	UNITED STATES

Product - Unknown - Unknown - Accident - Default

CA.HGH POLICE CONTACT DCCC ABOUT A GAS TANK EXPLOSION ACCIDENT

***** Begin of Str Nar: SI Policy Fire or Accident ****

Q:Owner alleges?

A:CA. HIGHWAY PATROL CONTACT DCCC

Q:Description of the incident (what, when,where, injuries etc...)?

A:OWNER WAS RREAR ENDED BY FORD 250 ON STATE ROUTE 170 10/27/99 1802HRS

Q:Has the owners insurance company been contacted (if yes

Q:provide name/policy # & phone #)?

A:NOT SURE

Q:Where is the vehicle currently located (provide name/address/phone#)?

A:HOWARD SOMMER TOW/7891DEERING STREET CANDOA PK91304 818-884-5600

Q:Is there property damage or other vehicles involved in the

Q:incident (If yes explain)?

A:JEEP BURNED UP

Q:Has a Police or Fire report been filed (what municipality &

Q:report #)?

A:CA.WEST VALLEY AREA HIGHWAY PATROL 1999100291

***** End of Str Nar: SI Policy Fire or Accident ****

INVESTIGATING OFFICER IS KIRK PAULSON.NOTHING FINAL YET,JEEP BURST INTO FLAMES UPON IMPACT AND WAS COMPLETELY TOTALED.

10/29/99-Pls inspect...photos, police/fire report, pvir, vfir and any other info....thank you...drm

CAIR NUMBER 06403322 REQUEST EAA INSPECTION 10-29-1999 16:17

CAIR NUMBER 06403322 FAX SENT TO EAA 10-29-1999 16:30

11/2/99-Bill Alexander calls, eaa.....Bill gets permission from police officer to inspect....there was a fatality involved....drm

11/4/99-Received faxed report....fire due to rear impact from pick-up

truck.....ruptured fuel tank.....FATALITY...will send report to file..drm

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 11/11/99 AT 00:00 06403322

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 11/25/99 AT 00:00 06403322

SPECIAL INVESTIGATIONS



Fax Cover Sheet

Date 11-4-99

- David Bennis
- Tom Lee
- Mike Martell
- Dennis Mucci

Fax Number: 242-8248
~~512-XXXX~~

From: W.W. ALEXANDER Telephone (805) 642-9365
Engineering Analysis Associates, Inc.

CAIR Number 6403322
Customer [REDACTED] - FATALITY

Number of pages, including cover: 5
INCLUDING TWO NEWSPAPER ACCOUNTS



Vehicle Fire Investigation Report

CAIR#6403322

UNABLE

YEAR 98	MAKE JEEP	MODEL GRAND CHEROKEE	VEHICLE IDENTIFICATION NUMBER 1N4FY19Y81S71M0	ODOMETER BURNED	MILEAGE Address	DELIVERY DATE 2-11-98
NAME OF OWNER [REDACTED]			[REDACTED]			
CITY NORTHRIDGE		STATE CA	ZIP 91326	BUSINESS PHONE [REDACTED]		
SELLING DEALER NAME MIKE SALTA AUTO GROUP		ZONE 7.1	DIR. CODE 24092	CITY LONG BEACH	STATE CA	

INTERVIEW

INTERVIEW WITH <input type="checkbox"/> DRIVER <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER	NAME [REDACTED]	INTERVIEW DATE 1/10/299	DATE OF FIRE 10/27/99	TIME OF FIRE 6:00 AM	INSPECTION DATE 1/10/3/99
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1. DESCRIPTION OF EVENT:
(NOTE: DRIVER OF JEEP PERISHED IN ACCIDENT AND FIRE) MR. LEE WAS STOPPED IN HEAVY TRAFFIC ON 170 (HOLLYWOOD) FREEWAY, NORTH BOUND. HE WAS HIT IN THE REAR BY A FORD F250 MOVING AT FLY SPEED, CAUSING EXTENSIVE DAMAGE, BURSTING FUEL TANK

2. WHERE WAS FIRE FIRST NOTICED? (GENERAL ORIGIN) GENERAL ORIGIN ENGINE COMP. INSTRUMENT PANEL INTERIOR (NOT UP) TRUNK UNDERBODY
REAR OF VEHICLE

3. WHAT AREA OF GENERAL ORIGIN (AS NOTICED) WAS FIRE NOTICED? (SELECT LOCATION OF GENERAL ORIGIN AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER REAR

4. OPERATING MODE PRIOR TO FIRE (Use Back of Form for Additional Comments)
 DRIVING, WHAT SPEED? **UNKNOWN** . HOW LONG? _____ IDLING, HOW LONG? _____ IGNITION OFF, HOW LONG? _____

5. OPERATING MODE AT TIME OF FIRE (Use Back of Form for Additional Comments)
 DRIVING, WHAT SPEED? **UNKNOWN** . HOW LONG? _____ IDLING, HOW LONG? _____ IGNITION OFF, HOW LONG? _____

6. ANY NOTICEABLE EVENTS PRIOR TO FIRE? (EXPLAIN) BRAKE LIGHTS BATTERY DISCHG BACKFIRE PLUG LEAKS FUEL ODOOR LIGHTS DIMMING/FLASHER
 INOPERATIVE COMPONENT/SYSTEM WARNING LIGHTS/GAUGES OTHER **UNKNOWN**

7. WHAT ACCESSORIES WERE ON AT TIME OF FIRE? LIGHTS BLOWER MOTOR REAR DEFROSTER WIPERS A/C OTHER DESCRIBE
UNKNOWN

8. HOW LONG DID FIRE BURN AND METHOD LEAD TO EXTINGUISHING?
UNKNOWN MINUTES WATER EXTINGUISHER SELF EXTINGUISHED

9. LIST PAST REPAIRS AND DATES (INCLUDE OIL CHANGES -- USE BACK OF FORM FOR ADDITIONAL COMMENTS)
UNKNOWN

10. WERE ANY OCCUPANTS IN VEHICLE PRIOR TO FIRE? (IF INTERIOR OR TOP FIRE) YES NO

11. ANY ADDED ACCESSORY EQUIPMENT OR MODIFICATIONS TO VEHICLE? YES NO (IF YES, DESCRIBE)
UNKNOWN

12. ANY LOSS OF OR DAMAGE TO PERSONAL PROPERTY? YES NO (IF YES, DESCRIBE)
UNKNOWN

13. ANY ALLEGED PERSONAL INJURIES? YES NO (IF YES, DESCRIBE)
DRIVER OF JEEP DIED IN FIRE.

14. DID OWNER NOTIFY HIS INSURANCE CARRIER? YES (NAME OF COMPANY) **UNKNOWN** NO (ADVISE IRI TO DO SO)

15. DID YOU RECEIVE PERMISSION FROM THE OWNER OR DRIVER TO INSPECT? YES NO (DO NOT INSPECT, DO NOT COMPLETE ORIGIN AND CAUSE SECTION)
OBTAINED PERMISSION FROM CALIF. HIGHWAY PATROL

INVESTIGATION

GENERAL ORIGIN (CHECK THE AREA WITH MOST DAMAGE AS NOTED FROM DRIVER'S SEAT)
 LEFT FRONT RIGHT FRONT LEFT REAR RIGHT REAR CENTER REAR

LOWEST POINT OF BURNING TOP OF VEHICLE MIDDLE OF VEHICLE BOTTOM OF VEHICLE

DETERMINATION OF ORIGIN AND POSSIBLE CAUSE

ORIGIN APPEARS TO BE IN THE AREA OF: **REAR OF VEHICLE.**

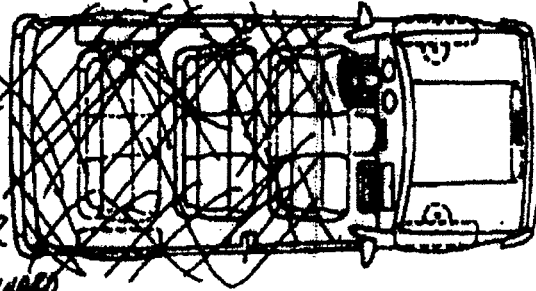
CAUSE APPEARS TO BE: **RUPTURED FUEL TANK FROM HIT IN REAR, AND FUEL IGNITED BY A SPARK.**

REASONS FOR STATING ORIGIN AND CAUSE:
INTERVIEW OF SGT. D'AMBROSIO OF CALIF. HIGHWAY PATROL, AND INSPECTION OF VEHICLE.

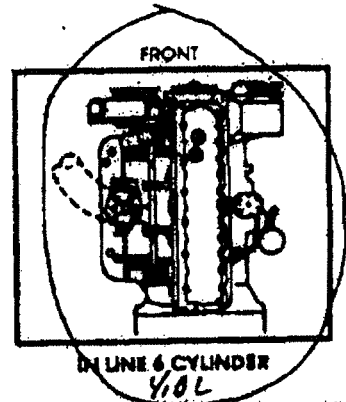
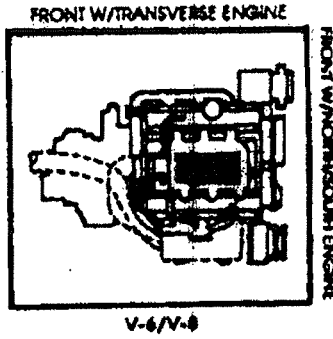
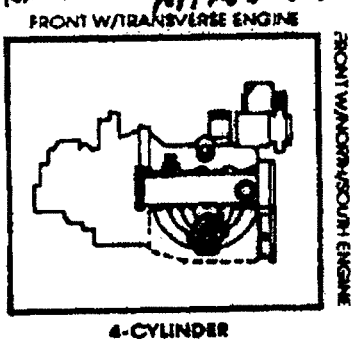
CHRYSLER REPRESENTATIVE - PRINT OR TYPE W.W. ALEXANDER	ZONE 71	PHONE (562) 642-9365	DAMAGE CLASS (CHECK ONE) <input type="checkbox"/> BELL <input type="checkbox"/> DONATE <input type="checkbox"/> MINOR <input type="checkbox"/> COMPANY USE <input type="checkbox"/> SCRIP <input checked="" type="checkbox"/> MAJOR	REPAIR ESTIMATE TOTAL LOSS
------------------------------------------------------------------	-------------------	--------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------

LINE IN (CROSS HATCH) AREA MOST SEVERELY AFFECTED (RE: [REDACTED]) CAIR# 6403322
 SKETCH KEY COMPONENTS/DETAIL AS REQUIRED (EX FUEL, FUEL LINES, WIRING, FUEL HOSES OR TUBES, POWER STEERING HOSES OR TUBES, ETC.)
 VEHICLE IS A 1998 JEEP GRAND CHEROKEE. THERE IS EXTENSIVE ACCIDENT
 DAMAGE TO REAR OF VEHICLE; ALSO FIRE DAMAGE TO REAR AND
 MIDDLE OF VEHICLE.

NOTE: VEHICLE WAS HIT FROM BEHIND BY A FORD F250 TRUCK AT HIGH SPEED. REAR OF JEEP HAS BEEN PUSHED FORWARD TO REAR AXLE - ALSO REAR AXLE HAS BEEN PUSHED FORWARD APPROX. 6".



ALSO, SOME ACCIDENT DAMAGE TO FRONT.



INSPECTION LIST

- CHECK VEHICLE HISTORY FILE
- UNABLE TO INTERVIEW OWNER.**
- EXTERIOR COMPONENTS WITH MOST DAMAGE - BODY BOUNDARY MARKING, PAINT AND ADHESIVE INDICATOR OR HOT BOND.
- PAINT, PLASTIC, REAR TIRES, LEFT REAR WHEEL, EXTERIOR TRIM.**
- SPARK FROM COLLISION**
- IDENTIFY PROXIMITY OF THE PROXIMITY SOURCE TO OTHER COMPONENTS (LARGE COMPONENTS CHECK ON HOW THEY AFFECTING THE JET) - COMPARE BURN PATTERN TO CUSTOMER'S DESCRIPTION OF WILDFIRE WAS FIRST NOTED.) USE POWER METHOD
- STARTED AT REAR, BURNED FORWARD.**
- IDENTIFY DAMAGE TO PARTS - LOOK FOR WIRING OF FUEL LINES, HOSES OR TUBES, POWER STEERING HOSES OR TUBES, ETC. (LOOK FOR BURN OR CRACKS)
- INTAKE TO MUFFLER - NO LEAKS FROM FAN REST OBSERVED BY ACCIDENT DAMAGE.**
- NORMAL TO MID-VEHICLE - REST OBSERVED.**
- IDENTIFY (OR CARTRIDGE) AND REPAIR (OR CONDITION) CHECK FOR OILS AND CONTAMINANTS (OILING WITH INDICATORS)
- INTERIOR - UNABLE TO ACCESS; UNDERWOOD OPEN - W/ A 1/2 IN FEED, BLUISH MARK, VBL; 30A HD/CP; 20A CIGAR**
- WIRING - LOOK FOR BROKEN BOND, CRACKS, CORROSION, OVERHEATING, INDICATING ANCE OR SHORTS W/ WIRE - MOST FREQUENT CAUSE (PINCHED, CHAFED, SCREW THROUGH WIRE, OVER RATED FUSE OR FUSE LINK, ETC.)
- WIRE OBSERVED**
- FUEL SYSTEMS (FUEL AND HOSES) - LOOK FOR HOSE TUBE DAMAGE, HOSE ROUTING, EVIDENCE OF CRACKING, TIGHTEN PUMP CAP (PREPARE IN PUMP), ETC.
- ALL NORMAL**
- STEERING - ON LEAKS AT VALVE COVER, HEAD BASHIT, LOOK ON DRIBBING OR RILEY CAP, OIL PAN FILTER, BENDING UNIT, CAM PLUG, ETC.
- ALL NORMAL**
- AIR CONDITIONING AND HEATING INSTALLATION - CHECK FOR PROPER TUBING AND TRACE WIRE ROUTING TO POWER SOURCE
- WIRE OBSERVED**
- AIR INTAKE - CHECK FOR CRACKS AND GAPS IN AIRWAY, ON HEAT CURBS AND CAMPING
- BURNED**
- SWITCHES - CHECK SWITCHES AND ALL OTHER SWITCHES TO DETERMINE WHICH CIRCUIT WHEN ON AT TIME OF FIRE.
- BURNED - IGNITION APPEARS TO BE IN RUN.**

Additional Comments: **FLUID LEVELS - ENGINE, ALMOST FULL; TRANS - EMPTY; FLUID ON GROUND; COOLANT 1" BELOW ADD; P/STEER - FULL; M/CYL ALMOST EMPTY, ESPECIALLY SECTION TO REAR BRAKES. SECOND SEAT AREA OF JEEP HAS BEEN REDUCED TO HALF-SIZE.**

ATTACH: POLICE OR FIRE REPORTS, IF AVAILABLE REPAIR ESTIMATES
 PREVIOUS SERVICE FILE OTHER _____
 PHOTOGRAPHS (3 COPIES W/INCL.)

NOTE: PRIOR APPROVAL IS REQUIRED BEFORE SHOWING OR PROVIDING THIS REPORT TO PERSONS NOT IN THE EMPLOY OF CHRYSLER CORPORATION.

DISTRIBUTION: RETAIN MACHINE COPY FOR SOME OWNER RELATIONS FILE
 OWNER OR DEALER SOLD: FORWARD ORIGINAL TO S&P DIVISION SPECIAL INVESTIGATIONS DEPARTMENT DEALER UNSOLD OR CARRIER: FORWARD ORIGINAL TO S&P DIVISION
 DEALER CLAIMS ANALYSIS & CONTROL

Valley



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CAIRN 6403322

Driver Killed in Fiery Crash on 170 Freeway

By ANDREW BLANKSTEIN
TIMES STAFF WRITER

NORTH HOLLYWOOD—A sport-utility vehicle hit from behind by a car burst into flames on the Hollywood Freeway on Wednesday night, burning a motorist to death and snarling rush hour traffic, officials said.

Five vehicles were involved in the accident, said California Highway Patrol Officer Richard Perez. He said the cause was under investigation.

All five vehicles were heading north on the freeway around 8 p.m. and had just passed the Ruscoe Boulevard exit when the chain-reaction collision occurred, Perez said.

Two cars careened off the freeway and into plastic road barriers, said Brian Humphrey, a Los Angeles Fire Department spokesman. The sport-utility vehicle remained on the road but was enveloped in flames, and rescue teams could not save the driver.

Authorities said the victim's burns were so severe they could not determine the gender of the motorist.

Two Canyon Country men, ages 19 and 47, were transported to Pacific Hospital of the Valley in Sun Valley, where they were treated for minor injuries, Humphrey said. A fourth victim declined treatment at the scene.

Perez said the accident caused a 2-mile backup on the Hollywood Freeway near the junction with the Golden State Freeway. Northbound lanes were expected to be shut down until late Wednesday night.



A sport-utility vehicle burns on the Hollywood Freeway after it was rear-ended during rush hour.

LOS ANGELES TIMES - TRUCKS, OCT 28 1984

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North Hollywood Name of Boy, 15, Shot on Balcony Released

The 15-year-old boy who died in a North Hollywood shooting Monday night was identified as Diego Armando Avila of Van Nuys, authorities said Thursday.

Avila and a 22-year-old man were shot as both stood on the second-story balcony of an apartment complex in the 13000 block of Vanowen Street, authorities said. A dirt sedan had driven past and then returned. Two men emerged from the car and fired 15 to 20 shots with one or more handguns, said Det. Mike Coffey of the North Hollywood Division.

The adult, who was shot in the leg, remains in serious condition at an area hospital, Coffey said. A bullet grazed the victim inside the apartment.

Pickers are asking anyone with more information to call (818) 623-4036.

—CATTI LUI

Valley's Century of Change

Calling all history buffs: The Times plans to spotlight events of the past 100 years that helped shape the San Fernando Valley and nearby areas, and we need your help.

We're looking for readers' suggestions on those moments—both great and small—that marked the region's development from oak-dotted grasslands into a vast expanse of homes and businesses. Suggest topics and the arrival of water, we know about; we're especially looking for official or lesser-known events.

Send your ideas by Nov. 1 to: Century of Change, Times Valley Edition, City Desk, 2000 Prairie St., Chatsworth 91311, or e-mail them to valley.ave@latimes.com.

resident of Canyon County, suffered moderate injuries.

There's no indication preliminarily that alcohol or drugs were a factor in the accident, said CHP Officer Ron Coban. But early indications suggest Barlow he was at fault because his vehicle struck Lee's, Coban said.

Barlow had been driving northbound on the Hollywood Freeway approaching rush-hour traffic that was virtually stopped at the interchange with the Golden State Freeway, according to the CHP.

His truck slammed Lee's Jeep forward into the rear of a Honda Civic driven by Wayne McWhorter, 37, of Van Nuys, which in turn struck the rear of a Ford F-150 pickup truck driven by Joseph Mendez, 30, of Canyon County. McWhorter received minor injuries and Mendez was not injured, Coban said.

After colliding with Lee's Jeep, Barlow's truck careened into another lane and crashed into a Ford Ranger pickup driven by Barlow's 18-year-old son, Kenneth Leon Barlow, who suffered moderate injuries. The two pickups flung into each other, sending Lee to the freeway shoulder and stopped, according to the CHP. The

Late Beer Terrace Park Refurbished, Renamed, Regaled

Ralph Burns, a 35-year resident of Lake View Terrace, remembers when Orcas Park was a dump. The restaurants were covered with graffiti and a dangerous element frequented the grounds, Burns said.

Things got so out of control that officials closed the park nearly six years ago, but in 1998 the Los Angeles Department of Recreation and Parks began to refurbish it.

"Now look at it, how great it is," said Burns, 79. "It looks so nice now. It's incredible."

Burns joined about 40 people, including area politicians, park officials and a handful of residents, at a ceremony Thursday morning to dedicate the renamed Galathea Park.

Now the 15-acre lawn is lush with picnic tables, barbecues and a new play area for children.

There's also a fenced area for equestrians and parking for 50 horse trailers and 250 cars.

From the park, riders have access to 12 miles of horse trails in the Hansen Dam area. The equestrian center will be the third such facility in the city open free to the public.

The renovation, which cost \$25,000, was funded by Proposition A, a 1992 voter-approved bond measure to develop parks and open space. Galathea Park will be open daily from sunrise to sunset.

—IRENE GARCIA

Two libraries will hold Fall programs today: 3:30 p.m. at the San Valley Branch Library, 7771 Foothill Blvd., (818) 352-4481, and 4 to 5 p.m. at Sherman Oaks Branch Library, 14245 Moorpark St., (818) 991-7804.

Glendale Haunting
Glendale will sponsor a Haunted House from 8 to 9:30 p.m. today through Sat. at the Stengel Clubhouse, 1100 Canada Blvd., Glendale. Admission is \$4. Information: (818) 548-3797.

Author to Read
Author Michael Mayhew a read book-signing from 6 to 7 p.m. at the Valencia Library meeting room, 23745 Valencia Blvd. Free. Information: (818) 259-8942.

Spooky Stories
A Spooky Stories program will be held from 6 to 7 p.m. at the Valencia Library meeting room, 23745 Valencia Blvd. Free. Information: (818) 259-8942.

Park Benefits
A "Candle Light" program sponsored by the Los Angeles Recreation and Parks Department will be held from 6 to 7 p.m. at the Valencia Library meeting room, 23745 Valencia Blvd. Free. Information: (818) 259-8942.

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SPECIAL INVESTIGATIONS

NOV. 5, 1999

DENNIS -

ENCLOSED ARE THE PHOTOS FROM THE 2ND
ROLL OF FILM FOR CAIR# 6403322 - LEE -
(FATILITY). THE FIRST ROLL WITH MORE DETAIL
OF THE JEEP, WENT TO GK DIGITAL.

ALSO ON THIS ROLL ARE SOME PHOTOS OF TWO
OTHER VEHICLES, ALLEGED (BY THE CALIFORNIA
HIGHWAY PATROL), TO HAVE BEEN INVOLVED.

THE FORD TRUCK MAY HAVE BEEN THE VEHICLE
THAT HIT THE JEEP. NOTE THE EXTENSIVE
DAMAGE TO THE REAR OF THE JEEP. I
WILL TRY TO GET THE POLICE REPORT WHEN
IT IS AVAILABLE.

WW Alexander
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TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		NO INJ 3	H&R FEL <input type="checkbox"/>	CITY LOS ANGELES	JUDICIAL DISTRICT VAN NUYS	NUMBER 1999100291
FATAL <i>DP</i>		NO KILL 1	H&R MISD <input type="checkbox"/>	COUNTY LOS ANGELES	DIST 170	BEAT C*Stars: 0AD6AH4W
LOCATION	COLLISION OCCURRED ON: SR-170 (N/B) HOLLYWOOD FREEWAY				MO DAY YEAR 10 27 99	TIME(2400) 1802
	MILEPOST INFORMATION: 29.8 feet N of MP 170LAR19.72				DAY OF WEEK WEDNESDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	AT INTERSECTION WITH: OR: 29.8 feet N of ROSCOE BLVD				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: SEE NARRATIVE
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	SAFETY G	VEH YR 91	MAKE/MODEL/COLOR FORD F-250 TAN
DRIVER <input checked="" type="checkbox"/>						LICENSE NUMBER STATE [REDACTED] CA
PEDESTRIAN <input type="checkbox"/>						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP SANTA CLARITA CA					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-11	WEIGHT 170	BIRTHDATE 05 27 50
OTHER <input type="checkbox"/>	HOME PHONE	BUSINESS PHONE				DISPO OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
	INSURANCE CARRIER UNITED PACIFIC	POLICY NUMBER				HOWARD SOMMERS
	DIR TRV N	ON STREET OR HIGHWAY SR-170	SPEED LIMIT 65			PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
						VEHICLE IDENTIFICATION NUMBER:
						CHP USE ONLY VEHICLE TYPE 22
						DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR
						SHADE IN DAMAGED AREA <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	SAFETY B	VEH YR 98	MAKE/MODEL/COLOR JEEP CHEROKEE BLACK
DRIVER <input checked="" type="checkbox"/>						LICENSE NUMBER STATE [REDACTED] CA
PEDESTRIAN <input type="checkbox"/>						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP ENCINO CA					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BLK	HEIGHT 5-06	WEIGHT 145	BIRTHDATE [REDACTED]
OTHER <input type="checkbox"/>	HOME PHONE	BUSINESS PHONE				DISPO OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
	INSURANCE CARRIER NONE	POLICY NUMBER				HOWARD SOMMERS
	DIR TRV N	ON STREET OR HIGHWAY SR-170	SPEED LIMIT 65			PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
						VEHICLE IDENTIFICATION NUMBER:
						CHP USE ONLY VEHICLE TYPE 01
						DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR
						SHADE IN DAMAGED AREA <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
PARTY 3	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	SAFETY G	VEH YR 95	MAKE/MODEL/COLOR HONDA CIVIC GRAY
DRIVER <input checked="" type="checkbox"/>						LICENSE NUMBER STATE [REDACTED] CA
PEDESTRIAN <input type="checkbox"/>						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP SANTA CLARITA CA					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-09	WEIGHT 155	BIRTHDATE [REDACTED]
OTHER <input type="checkbox"/>	HOME PHONE	BUSINESS PHONE				DISPO OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
	INSURANCE CARRIER MERCURY INSURANCE	POLICY NUMBER				HOWARD SOMMERS
	DIR TRV N	ON STREET OR HIGHWAY SR-170	SPEED LIMIT 65			PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
						VEHICLE IDENTIFICATION NUMBER:
						CHP USE ONLY VEHICLE TYPE 01
						DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR
						SHADE IN DAMAGED AREA <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
PREPARER'S NAME PAULSON, K	DISPATCH NOTIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	REVIEWER'S NAME [Signature]	DATE REVIEWED 12/17/99			

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		NO INJ 3	H&R FEL <input type="checkbox"/>	CITY LOS ANGELES	JUDICIAL DISTRICT VAN NUYS		NUMBER
FATAL		NO KILL 1	H&R MISD <input type="checkbox"/>	COUNTY LOS ANGELES	DIST	BEAT 170	C*Stars: 0AD6AH4W
LOCATION	COLLISION OCCURRED ON: SR-170 (N/B) HOLLYWOOD FREEWAY				MO 10	DAY 27	YEAR 99
	MILEPOST INFORMATION: 29.8 feet N of MP 170LAR19.72				TIME(2400) 1802		NCIC # 9580
	DAY OF WEEK WEDNESDAY				TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER I.D. 013434	
	AT INTERSECTION WITH: OR: 29.8 feet N of ROSCOE BLVD				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: SEE NARRATIVE	
PARTY 4	DRIVER'S LICENSE NUMBER			STATE CA	CLASS C	SAFETY G	VEH YR 99
DRIVER <input checked="" type="checkbox"/>	[REDACTED]			MAKE/MODEL/COLOR FORD F-150 BLACK			LICENSE NUMBER STATE [REDACTED] CA
PEDESTRIAN <input type="checkbox"/>	[REDACTED]			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP SANTA CLARITA CA			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BLN	EYES BRN	HEIGHT 5-06	WEIGHT 135	RACE C	DISPO OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED]			BUSINESS PHONE [REDACTED]			HOWARD SOMMERS
	INSURANCE CARRIER FARMERS			POLICY NUMBER [REDACTED]			PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
	DIR TRV N	ON STREET OR HIGHWAY SR-170		SPEED LIMIT 65	VEHICLE IDENTIFICATION NUMBER: CHP USE ONLY VEHICLE TYPE 22		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
PARTY 5	DRIVER'S LICENSE NUMBER			STATE CA	CLASS C	SAFETY G	VEH YR 95
DRIVER <input checked="" type="checkbox"/>	[REDACTED]			MAKE/MODEL/COLOR FORD RANGER GREEN			LICENSE NUMBER STATE [REDACTED] CA
PEDESTRIAN <input type="checkbox"/>	[REDACTED]			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP SANTA CLARITA CA			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BRN	EYES BRN	HEIGHT 6-01	WEIGHT 140	RACE [REDACTED]	DISPO OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED]			BUSINESS PHONE [REDACTED]			HOWARD SOMMERS TOW
	INSURANCE CARRIER MERCURY INSURANCE			POLICY NUMBER [REDACTED]			PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
	DIR TRV N	ON STREET OR HIGHWAY SR-170		SPEED LIMIT 65	VEHICLE IDENTIFICATION NUMBER: CHP USE ONLY VEHICLE TYPE 22		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
PARTY 6	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY	VEH YR
DRIVER <input type="checkbox"/>	NAME(FIRST,MIDDLE,LAST)			MAKE/MODEL/COLOR			LICENSE NUMBER STATE
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS			OWNER'S NAME			
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP			OWNER'S ADDRESS			
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	DISPO OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
OTHER <input type="checkbox"/>	HOME PHONE			BUSINESS PHONE			PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
	INSURANCE CARRIER			POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER: CHP USE ONLY VEHICLE TYPE
	DIR TRV	ON STREET OR HIGHWAY		SPEED LIMIT	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA
PREPARER'S NAME PAULSON, K				DISPATCH NOTIFIED 013434 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		REVIEWER'S NAME	
						DATE REVIEWED	

TRAFFIC COLLISION CODING

DATE OF ORIGINAL INCIDENT 10 - 27 - 99	TIME(2400) 1802	NCIC NUMBER 9580	OFFICER I.D. 013434	NUMBER 0AD6AH4W
--------------------------------------------------	---------------------------	----------------------------	-------------------------------	---------------------------

PROPERTY	OWNERS NAME/ADDRESS	NOTIFIED
DAMAGE	DESCRIPTION OF DAMAGE	

SEATING POSITION 1 - DRIVER 2 to 6 - PASSENGERS 7 - STA. WGN. REAR 8 - RR. OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER 1 2 3 4 5 6 7	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER V - NO W - YES PASSENGER X - NO Y - YES	EJECTED FROM VEH 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	4 5 6			TYPE OF VEHICLE	4 5 6			MOVEMENT PRECEDING COLLISION
		4	5	6		4	5	6	
1 A VC SECTION VIOLATED: CITED 22350vc NO	A CONTROLS FUNCTIONING				A PASSENGER CAR/STN. WGN.				A STOPPED
B OTHER IMPROPER DRIVING	B CONTROLS NOT FUNCTIONING*				B PASSENGER CAR W / TRAILER		X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C MOTORCYCLE / SCOOTER				C RAN OFF ROAD
D UNKNOWN*	X D NO CONTROLS PRESENT/FACTOR				D PICKUP OR PANEL TRUCK				D MAKING RIGHT TURN
E FELL ASLEEP*					E PICKUP/PANEL TRK. W/TLR.				E MAKING LEFT TURN
	TYPE OF COLLISION				F TRUCK OR TRUCK TRACTOR				F MAKING U TURN
	A HEAD-ON				G TRK./TRK. TRACTOR W /TLR.				G BACKING
WEATHER (MARK 1 TO 2 ITEMS)	B SIDESWIPE				H SCHOOL BUS				H SLOWING / STOPPING
X A CLEAR	X C REAR END				I OTHER BUS				I PASSING OTHER VEHICLE
B CLOUDY	D BROADSIDE				J EMERGENCY VEHICLE				J CHANGING LANES
C RAINING	E HIT OBJECT				K HWY. CONST. EQUIPMENT				K PARKING MANEUVER
D SNOWING	F OVERTURNED				L BICYCLE				L ENTERING TRAFFIC
E FOG / VISIBILITY:	G VEHICLE / PEDESTRIAN				M OTHER VEHICLE				M OTHER UNSAFE TURNING
F OTHER*:	H OTHER*:				N PEDESTRIAN				N XING INTO OPPOSING LANE
G WIND	MOTOR VEHICLE INVOLVED WITH				O MOPED				O PARKED
	A NON-COLLISION								P MERGING
LIGHTING	B PEDESTRIAN				OTHER ASSOCIATED FACTOR				Q TRAVELING WRONG WAY
X A DAYLIGHT	X C OTHER MOTOR VEHICLE		4	5	6	MARK 1 TO 2 ITEMS			
B DUSK - DAWN	D MOTOR VEH ON OTHER ROADWAY					A VC SECTION VIOLATION: CITE			
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE					B VC SECTION VIOLATION: CITE			
D DARK - NO STREET LIGHTS	F TRAIN					C VC SECTION VIOLATION: CITE			
E DARK - STREET LIGHTS NOT FUNCTION	G BICYCLE								
ROADWAY SURFACE	H ANIMAL:								
X A DRY	J FIXED OBJECT:								
B WET	J OTHER OBJECT:								
C SNOWY - ICY	PEDESTRIAN'S ACTIONS								
D SLIPPERY (MUDDY, OILY, ETC.)	X A NO PEDESTRIAN INVOLVED								
	B CROSSING IN XWALK/INTERSECTION								
ROADWAY CONDITIONS	C CROSSING IN XWALK NOT AT INTERSECTION								
MARK 1 TO 2 ITEMS	D CROSSING NOT IN CROSSWALK								
A HOLES, DEEP RUTS*	E IN ROAD - INCLUDES SHOULDER								
B LOOSE MATERIAL ON RDWY*	F NOT IN ROAD		X	X					
C OBSTRUCTION ON ROADWAY*	G APPROACHING/LEAVING SCHOOL BUS								
D CONSTRUCTION - REPAIR ZONE									
E REDUCED ROADWAY WIDTH									
F FLOODED*									
G OTHER*:									
X H NO UNUSUAL CONDITIONS									

SKETCH 	MISCELLANEOUS
-----------------------	------------------------------

INJURED/WITNESSES/PASSENGERS

DATE OF COLLISION				TIME(2400)	NCIC NUMBER	OFFICER I.D.	NUMBER																								
10 - 27 - 99				1802	9580	013434	0AD6AH4W																								
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED															
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BIKE	OTHER																			
		57	M	X				X					2	1	B	0															
NAME/D.O.B./ADDRESS												TELEPHONE																			
[REDACTED]												[REDACTED]																			
[REDACTED] ENCINO, CA, [REDACTED]																															
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:																			
DESCRIBE INJURIES:												[] VICTIM OF VIOLENT CRIME NOTIFIED																			
MR. [REDACTED] SUSTAINED FATAL INJURIES.																															
		49	M			X		X					1	1	G	0															
NAME/D.O.B./ADDRESS												TELEPHONE																			
[REDACTED]												[REDACTED]																			
[REDACTED] SANTA CLARITA, CA, [REDACTED]																															
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:																			
LAFD PARAMEDIC AMBULANCE #89												PACIFICA HOSPITAL SUN VALLEY																			
DESCRIBE INJURIES:												[] VICTIM OF VIOLENT CRIME NOTIFIED																			
MR. [REDACTED] SUSTAINED A BUMP TO HIS HEAD, LACERATION TO RIGHT ELBOW, AND COMPLAINT OF PAIN TO CHEST. DR. EIPE ON DUTY PHYSICIAN.																															
		19	M			X		X					5	1	G	0															
NAME/D.O.B./ADDRESS												TELEPHONE																			
[REDACTED]												[REDACTED]																			
[REDACTED], SANTA CLARITA, CA, [REDACTED]																															
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:																			
LAFD PARAMEDIC AMBULANCE #89												PACIFICA HOSPITAL SUN VALLEY CA.																			
DESCRIBE INJURIES:												[] VICTIM OF VIOLENT CRIME NOTIFIED																			
MR. [REDACTED] SUSTAINED MID AND LOWER BACK PAIN AND A LACERATION TO HIS LEFT WRIST.																															
		37	M			X		X					3	1	G	0															
NAME/D.O.B./ADDRESS												TELEPHONE																			
[REDACTED]												[REDACTED]																			
[REDACTED] SANTA CLARITA, CA, [REDACTED]																															
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:																			
DESCRIBE INJURIES:												[] VICTIM OF VIOLENT CRIME NOTIFIED																			
MR. [REDACTED] WILL SEEK OWN AID FOR A COMPLAINT OF PAIN TO HIS BACK.																															
1		33	M																												
NAME/D.O.B./ADDRESS												TELEPHONE																			
[REDACTED]												[REDACTED]																			
[REDACTED], LOS ANGELES, CA, [REDACTED]																															
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:																			
DESCRIBE INJURIES:												[] VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME												I.D NUMBER					MO. DAY YR.					REVIEWER'S NAME					MO. DAY YR.				
PAULSON, K												013434					11-23-99														

INJURED/WITNESSES/PASSENGERS

DATE OF COLLISION				TIME(2400)	NCIC NUMBER	OFFICER I.D.	NUMBER									
10 - 27 - 99				1802	9580	013434	0AD6AH4W									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BIKE	OTHER				
2		45	F													
NAME/D.O.B./ADDRESS												TELEPHONE				
[REDACTED] SANTA CLARITA, CA, [REDACTED]												[REDACTED]				
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES:												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED				
3		38	F													
NAME/D.O.B./ADDRESS												TELEPHONE				
[REDACTED] CASTRO VALLEY, CA, [REDACTED]												[REDACTED]				
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES:												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED				
4		21	F													
NAME/D.O.B./ADDRESS												TELEPHONE				
[REDACTED] SAN FERNANDO, CA, [REDACTED]												[REDACTED]				
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES:												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED				
5		39	M													
NAME/D.O.B./ADDRESS												TELEPHONE				
[REDACTED] NORTHRIDGE, CA, [REDACTED]												[REDACTED]				
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES:												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED				
NAME/D.O.B./ADDRESS												TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:				
DESCRIBE INJURIES:												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED				
PREPARER'S NAME				I.D NUMBER		MO. DAY YR.		REVIEWER'S NAME				MO. DAY YR.				
PAULSON, K				013434		11-23-99										

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 ON SCENE PERSONNEL:

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3 The following officers and emergency personnel were on scene of this incident.

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5 WEST VALLEY CHP

6

7 Sergeant J. Lago #12387

8 Officer J. Beaver #8414

9 Officer M. Curtin #13256

10 Officer D. Martinez #12672

11 Officer K. Paulson #13434

12 Officer K. Toggenburger #13480

13 Officer M. Gill #13850

14 Officer J. Acosta #14363

15 Officer S.Chir #14432

16 Officer D. Laubscher #14454

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18 ALTADENA CHP

19

20 Officer Vach #14340

21 Officer Padilla #15723

22

23 LOS ANGELES CITY FIRE DEPARTMENT

24

25 Engine Company #89

26 Captain Cunningham

27 Fire Fighter Taylor

28 Fire Fighter Raffita

29 Engineer Navarro

30

31 Engine Company #77

32 Captain Robles

33 Fire Fighter Freeman

34 Fire Fighter Paura

35 Engineer Paura

36

37 Rescue Ambulance #89

38 Paramedic M. Wall

39 Paramedic J. Haddley

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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 **PHOTOGRAPHS / LOG:**

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3

PHOTOS:

4

5

TYPE

TAKEN BY

LOCATION

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7

Color

M. Gill #13850

Howard Sommers Tow

8

West Valley CHP

9

Color

K. Toggenburger #13480

On Scene

10

11

Prints available from:

12

13

California Highway Patrol

14

West Valley Area

15

Accident Investigation Review Officer

16

5825 De Soto Avenue

17

Woodland Hills, CA 91367

18

(818) 888-0980

19

20

Telephone to verify current pricing, then enclose an authorization letter along with

21

payment as advised. Mail request to the address listed above.

22

23

1 - Video of the scene was taken by NBC 4 News and booked into evidence at the

24

West Valley CHP Office (E-477-580-99). The video was taken by:

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26

Beverly White, Reporter

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3000 W. Alameda Ave.

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Burbank, Ca. 91523

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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

FACTS**NOTIFICATION:**

This collision occurred on October 27, 1999 at approximately 1802 hours. I was notified by CHP dispatch at approximately 1805 hours of a vehicle collision with an ambulance enroute. I responded from Vineland Ave. and the US-101 and arrived at approximately 1814 hours.

IDENTIFICATION:

This collision occurred on the northbound lanes of SR-170 (Hollywood Freeway) near Roscoe Boulevard within the City of Los Angeles.

ROADWAY DESCRIPTION:

SR-170 northbound (Hollywood Freeway) at the collision scene consists of three northbound lanes with one high occupancy vehicle lane. The west side is bordered by a raised concrete dividing wall. The east side has an asphalt shoulder and a raised concrete curb which separates the main freeway portion from the Roscoe Blvd. collector road (n/b SR-170 Roscoe Blvd. on and off ramp). (see factual diagram and legend).

TRAFFIC CONTROLS:

There are no traffic controls present at this location. SR-170 (Hollywood Freeway) northbound is regulated by the maximum California speed limit of 65 miles per hour.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 **WEATHER CONDITIONS AND LIGHTING:**

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3 The Federal Aviation Administration was contacted on October 29, 1999 at
4 approximately 1400 hours. The following weather related information was obtained as
5 follows:

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7

Burbank - 1600 Hours PST - 10/27/99

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Visibility: 7 miles

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Wind: 180 degrees 4 Knots

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Temperature: 17c

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Dew Point: 13

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Pressure: 30.06

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Sunrise: 1408z

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Sunset: 0106z

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The weather information was generated by the Burbank Airport. This airport is located
19 approximately three miles southeast of the traffic collision.

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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

DRIVERS:

DRIVER #1 [REDACTED]

Driver #1 (Barlow) is a 49 year old male with a birth date of May 27, 1950. License expires May 25, 2000 and is a class "C".

Height: 5'11
 Weight: 170 lbs.
 Hair: Brown
 Eyes: Brown

Driver #1 was determined to be the driver of Vehicle #1 at the time of the collision based upon his own admission, and he is the registered owner of Vehicle #1.

DMV - INFORMATION

California DL: [REDACTED]
 Name: [REDACTED]
 Address (current): [REDACTED]
 Canyon Country, CA [REDACTED]
 CA DL Expires: May 27, 2000
 CA DL Issued: May 24, 1996
 Restrictions: None
 Convictions: 12-16-98 22349(b) V.C.
 Accidents: 10-2-97 case #97-05-24284

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

DRIVERS (Cont.):

DRIVER #2 [REDACTED]

Driver #2 [REDACTED] is a 58 year old male with a birth date of [REDACTED] [REDACTED]. License expires [REDACTED] and is a class "C".

Height: 5'06
 Weight: 145 lbs.
 Hair: Black
 Eyes: Black

Driver #2 was determined to be the driver of Vehicle #2 at the time of the collision based upon him being found in the drivers seat of Vehicle #2 and he is the registered owner of Vehicle #2.

DMV - INFORMATION

California DL: [REDACTED]
 Name: [REDACTED]
 Address (current): [REDACTED]
 Northridge, CA [REDACTED]
 CA DL Expires: November 23, 2000
 CA DL Issued: November 1, 1996
 Restrictions: Must wear corrective lenses when driving
 Convictions: None
 Accidents: None

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

DRIVERS (Cont.):

DRIVER #3 [REDACTED]

Driver #3 [REDACTED] is a 37 year old male with a birth date of [REDACTED]
[REDACTED] License expires [REDACTED] and is a class "C".

Height: 5'09
 Weight: 155 lbs.
 Hair: Brown
 Eyes: Brown

Driver #3 was determined to be the driver of Vehicle #3 at the time of the collision by his own admission and he is the registered owner of Vehicle #3.

DMV - INFORMATION

California DL: [REDACTED]
 Name: [REDACTED]
 Address: [REDACTED]
 Valencia, CA [REDACTED]
 CA DL Expires: July 10, 2003
 CA DL Issued: March 7, 1998
 Restrictions: None
 Convictions: November 20, 1997 16028(a)V.C.
 Accidents: None

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 DRIVERS (Cont.):**2**
3 DRIVER #4 [REDACTED]**4**
5 Driver #4 [REDACTED] **is a 39 year old male with a birth date of** [REDACTED]
6 [REDACTED]. **License expires** [REDACTED] **and is a class "A" & "M1".****7**
8 Height: 5'06
9 Weight: 135 lbs.
10 Hair: Blonde
11 Eyes: Brown**12**
13 Driver #4 was determined to be the driver of Vehicle #4 at the time of the
14 collision by his own admission and he is the registered owner of Vehicle
15 #4.**16**
17
18 DMV - INFORMATION**19**
20 California DL: [REDACTED]**21** Endorsements: doubles
22 triples, hazardous materials, tank
23 vehicle. Medical exam expires
24 March 30, 2001.**25**
26 Name: [REDACTED]**27**
28 Address: [REDACTED]**29** Canyon Country CA, [REDACTED]**30**
31 CA DL Expires:

March 19, 2004

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33 CA DL Issued:

February 17, 1999

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35 Restrictions:

None

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37 Convictions:

None

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39 Accidents:November 15, 1996 report
#95401514215
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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 **DRIVERS (Cont.):**

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DRIVER #5 [REDACTED]

Driver #5 [REDACTED] is a 19 year old male with a date of birth of [REDACTED]. License expires [REDACTED] and is a class "C".

Height: 6'01
 Weight: 140 lbs.
 Hair: Brown
 Eyes: Brown

Driver #5 was determined to be the driver of Vehicle #5 at the time of the collision by his own admission and Vehicle #5 is registered to his father.

DMV - INFORMATION

California DL: [REDACTED]
 Name: [REDACTED]
 Address: [REDACTED]
 Canyon Country CA, 91707
 CA DL Expires: [REDACTED]
 CA DL Issued: January 23, 1996
 Restrictions: None
 Convictions: None
 Accidents: June 6, 1999 report #95755015695

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 **AUTOPSY / INJURY DESCRIPTIONS:**

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Driver #1 [REDACTED]

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Driver #1 was transported to Pacifica Hospital by L.A. City Paramedic #89 where he was treated for a bump to his head, a sore chest, and a laceration to his right elbow.

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Driver #2 [REDACTED]

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Driver #2 was found deceased in the drivers seat of Vehicle #2. Driver #2 was pronounced dead by Los Angeles City Fire Department Paramedic Paura at 1808 hours.

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Los Angeles County Coroner responded and the following case number was assigned: 99-07246.

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Driver #3 [REDACTED]

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Driver #3 will seek his own aid. Driver #3 had a complaint of pain to his neck, head, and shoulders.

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Driver #5 [REDACTED]

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Driver #5 was transported to Pacifica Hospital by L.A. City Paramedic #89 where he was treated for a laceration to his left wrist and a complaint of pain to his upper and lower back.

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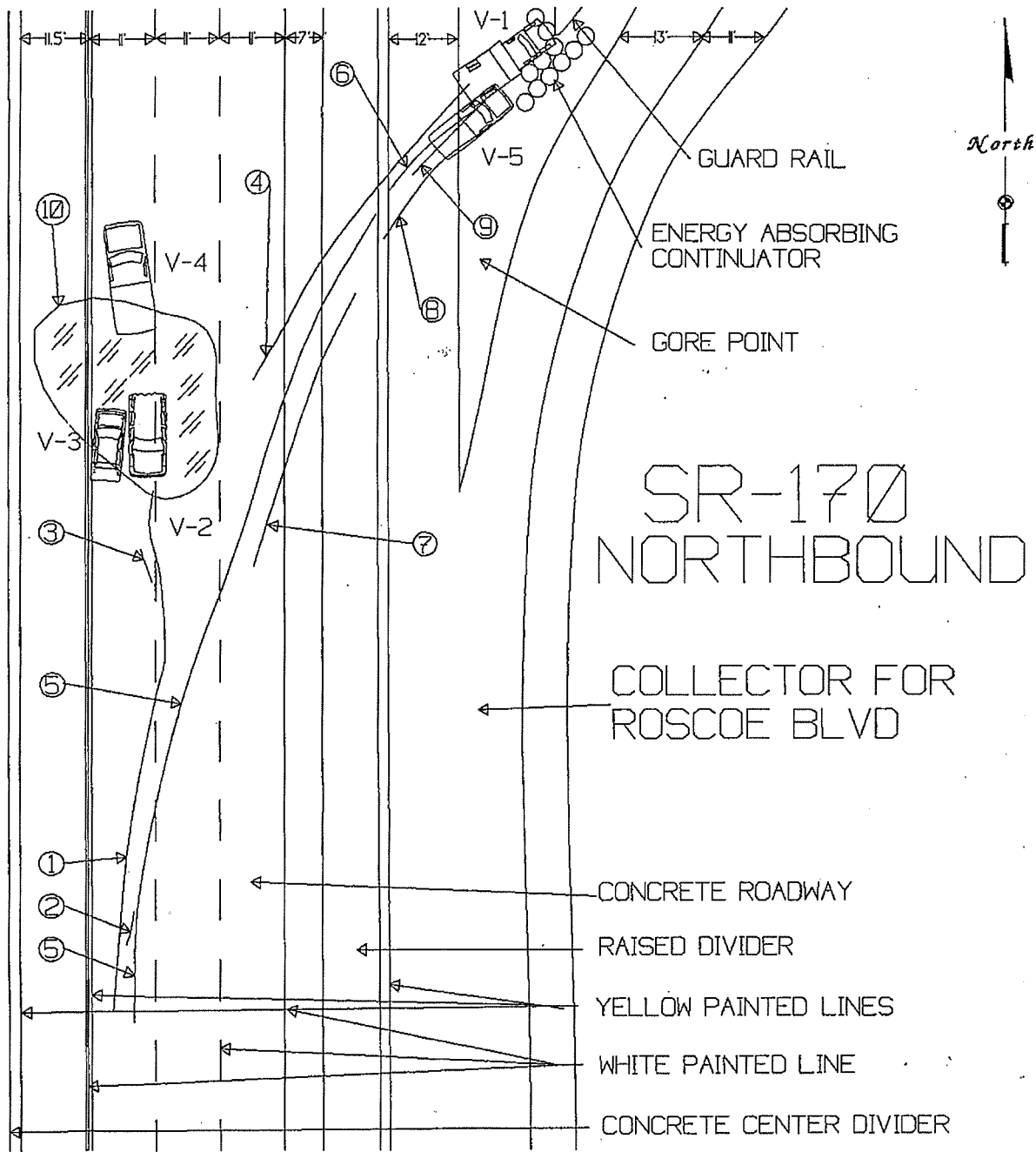
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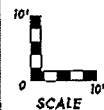
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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		



PHYSICAL EVIDENCE
DIAGRAM

DATE	TIME	HCC	OFFICER ID	REPORT NUMBER
10-27-99	1802	9580	13434	1999100291

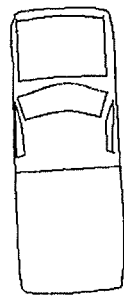


CADD BY:
M. CURTIN, #13256
CALIFORNIA HIGHWAY PATROL
WEST VALLEY CHP

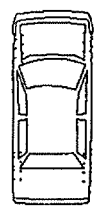


DYNAMICS #1

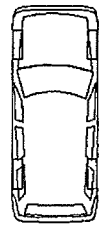
V



V-4



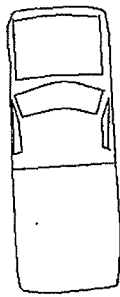
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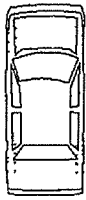
V-2

DYNAMICS #2

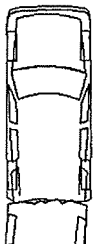
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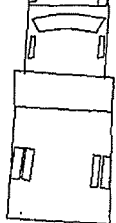
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V-3

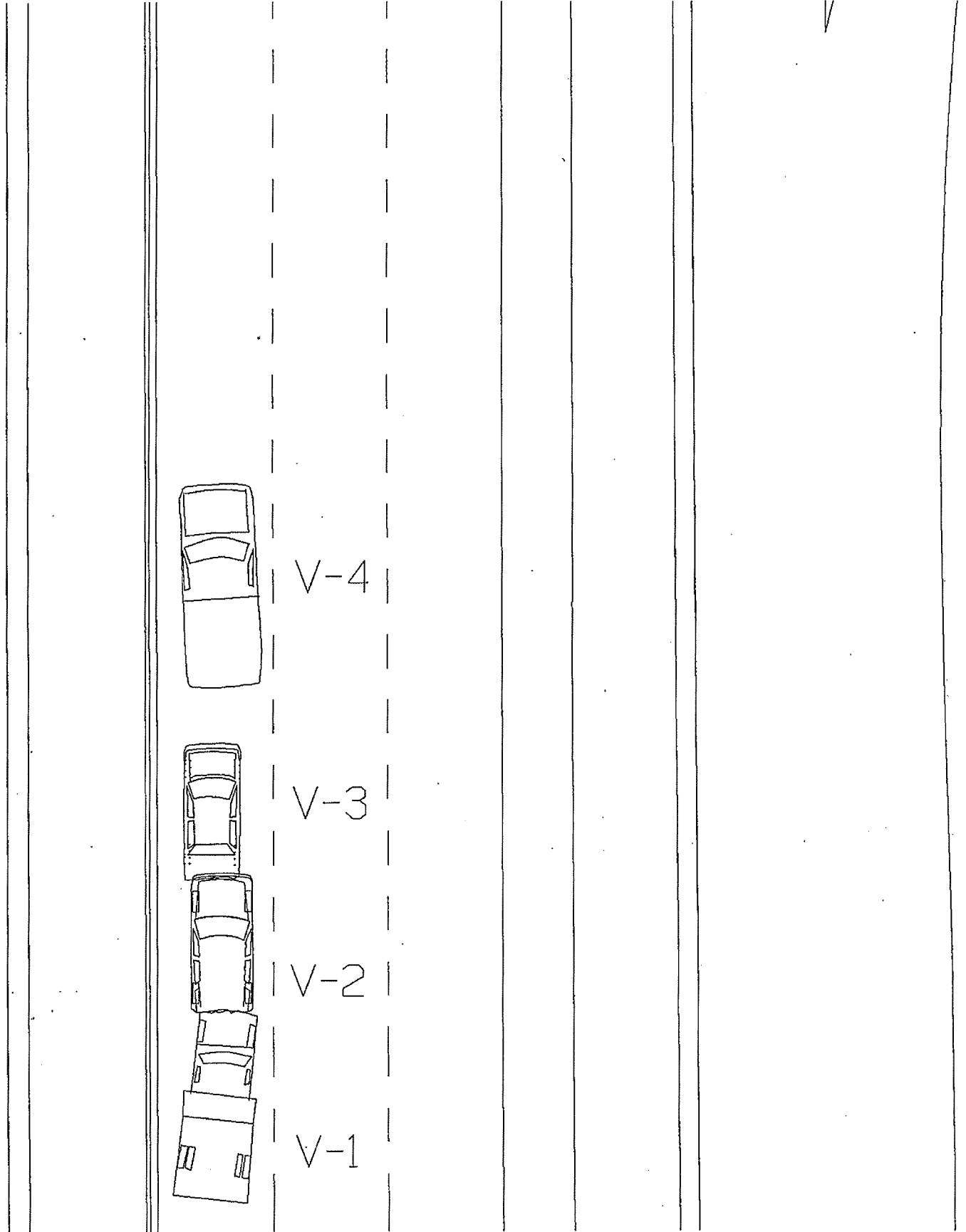


V-2

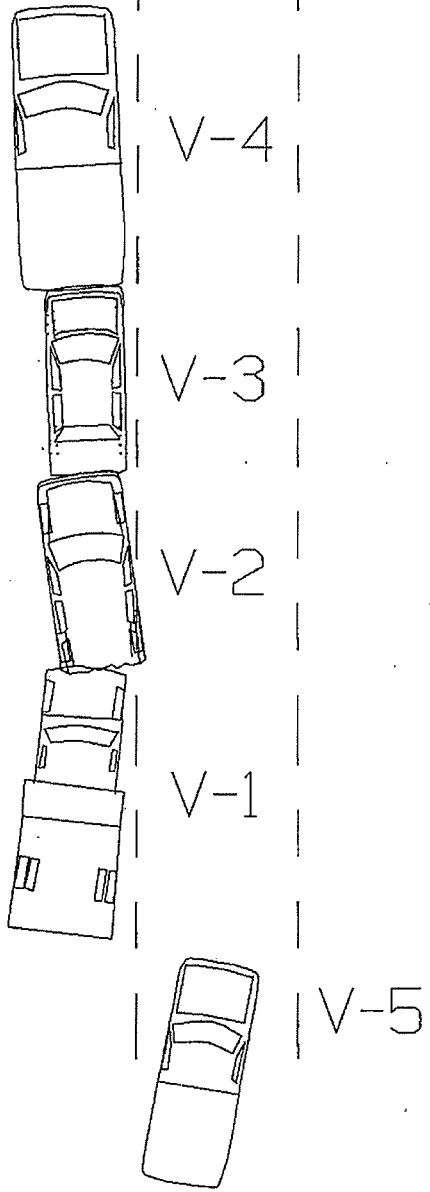


V-1

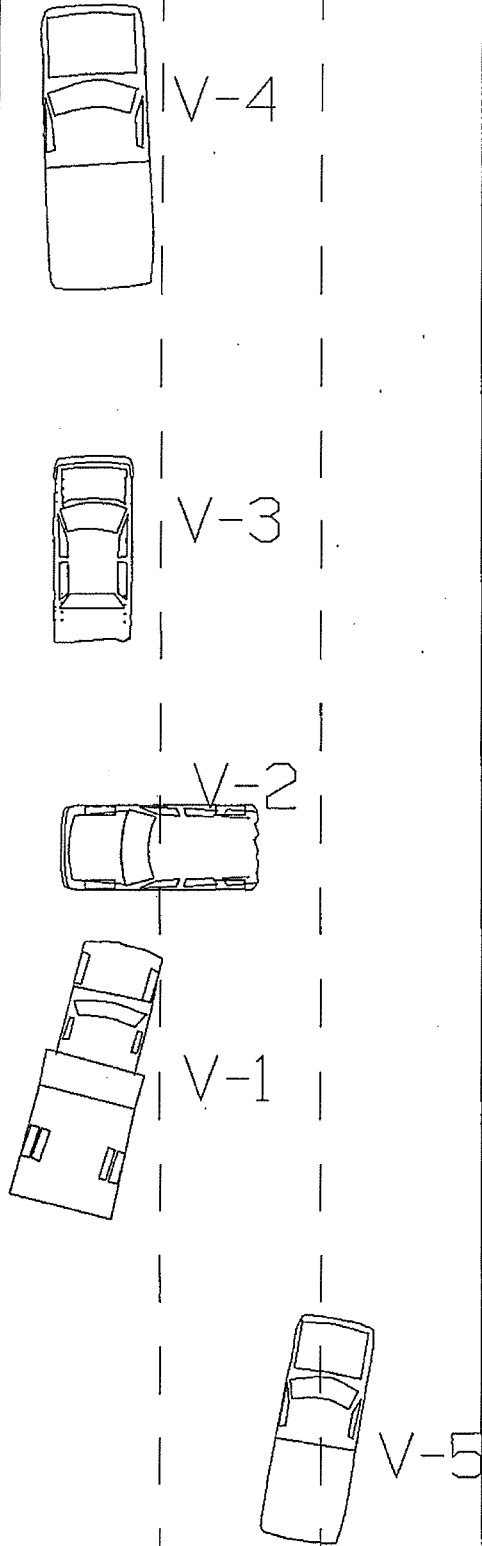
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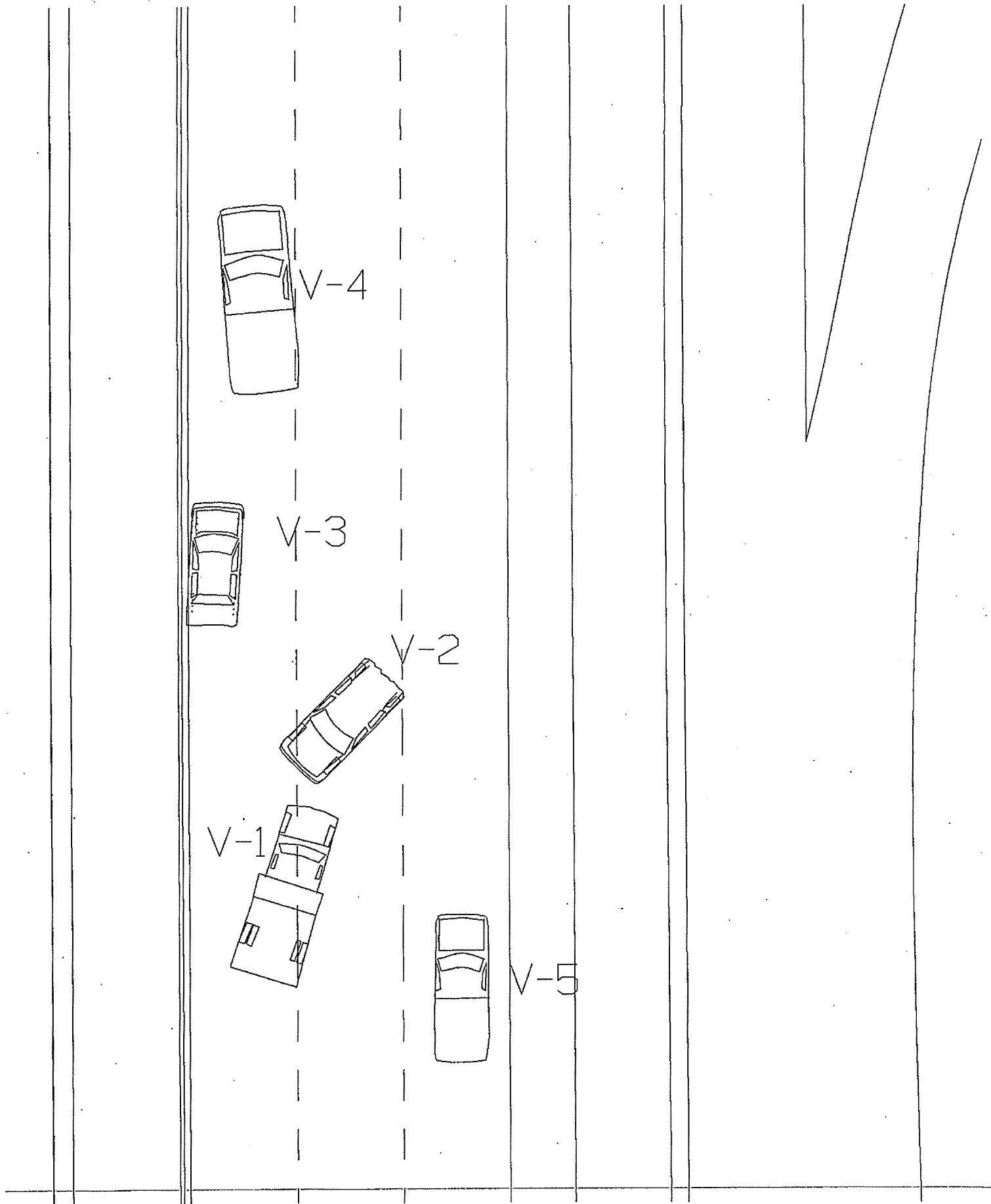
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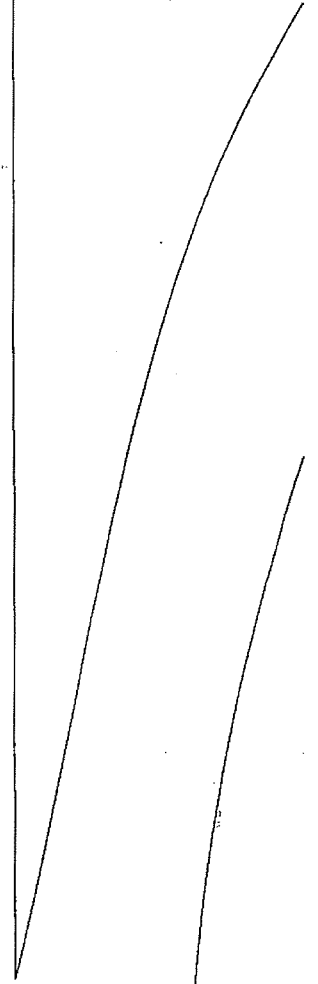
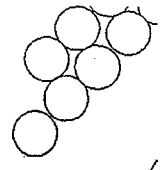
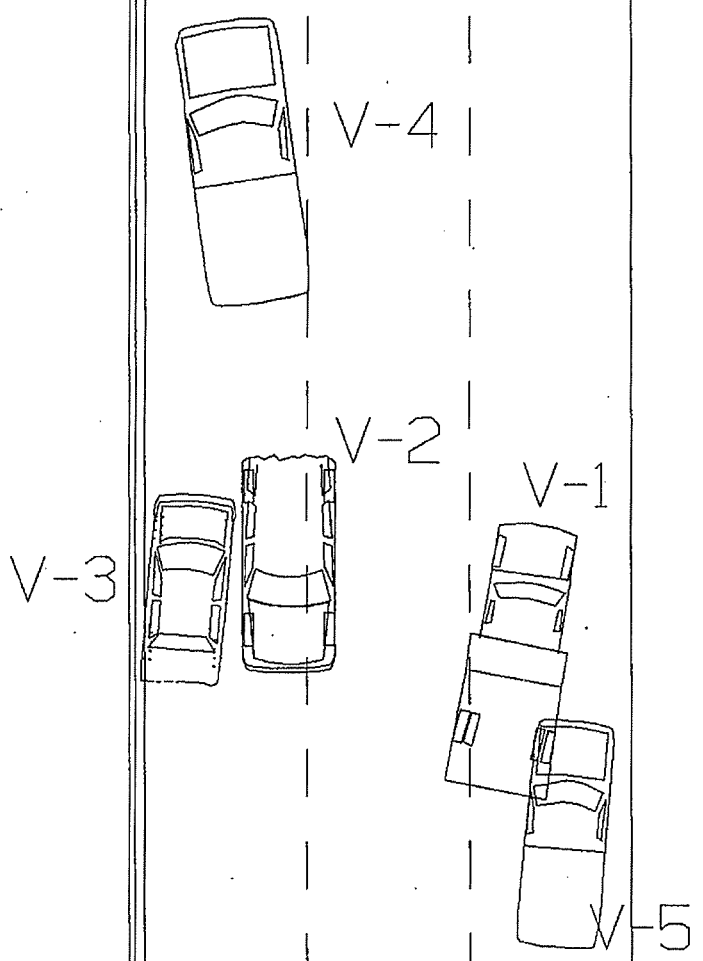
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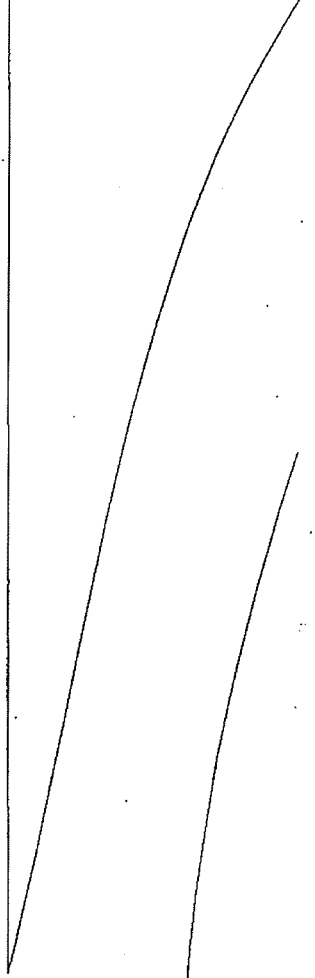
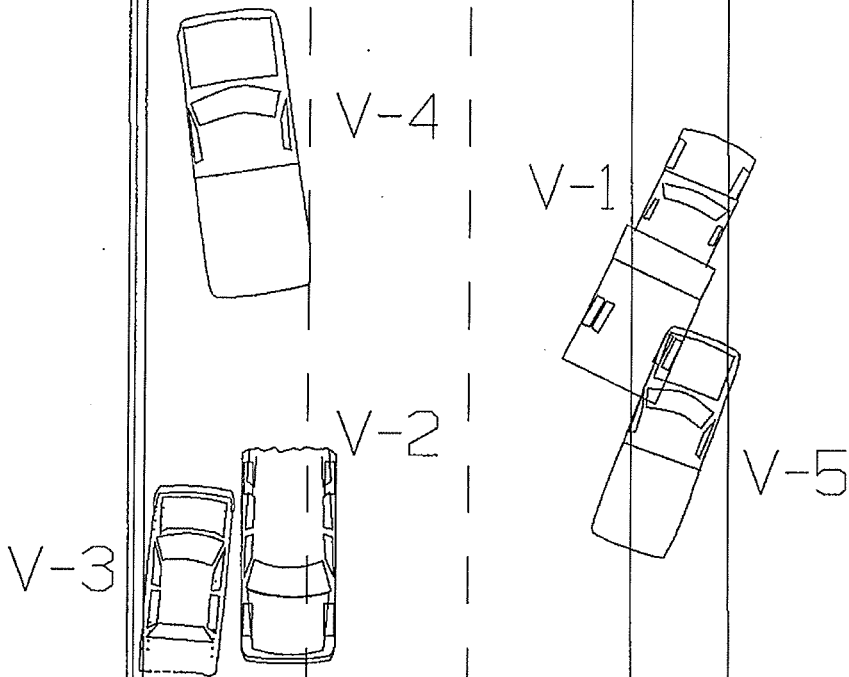
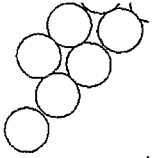
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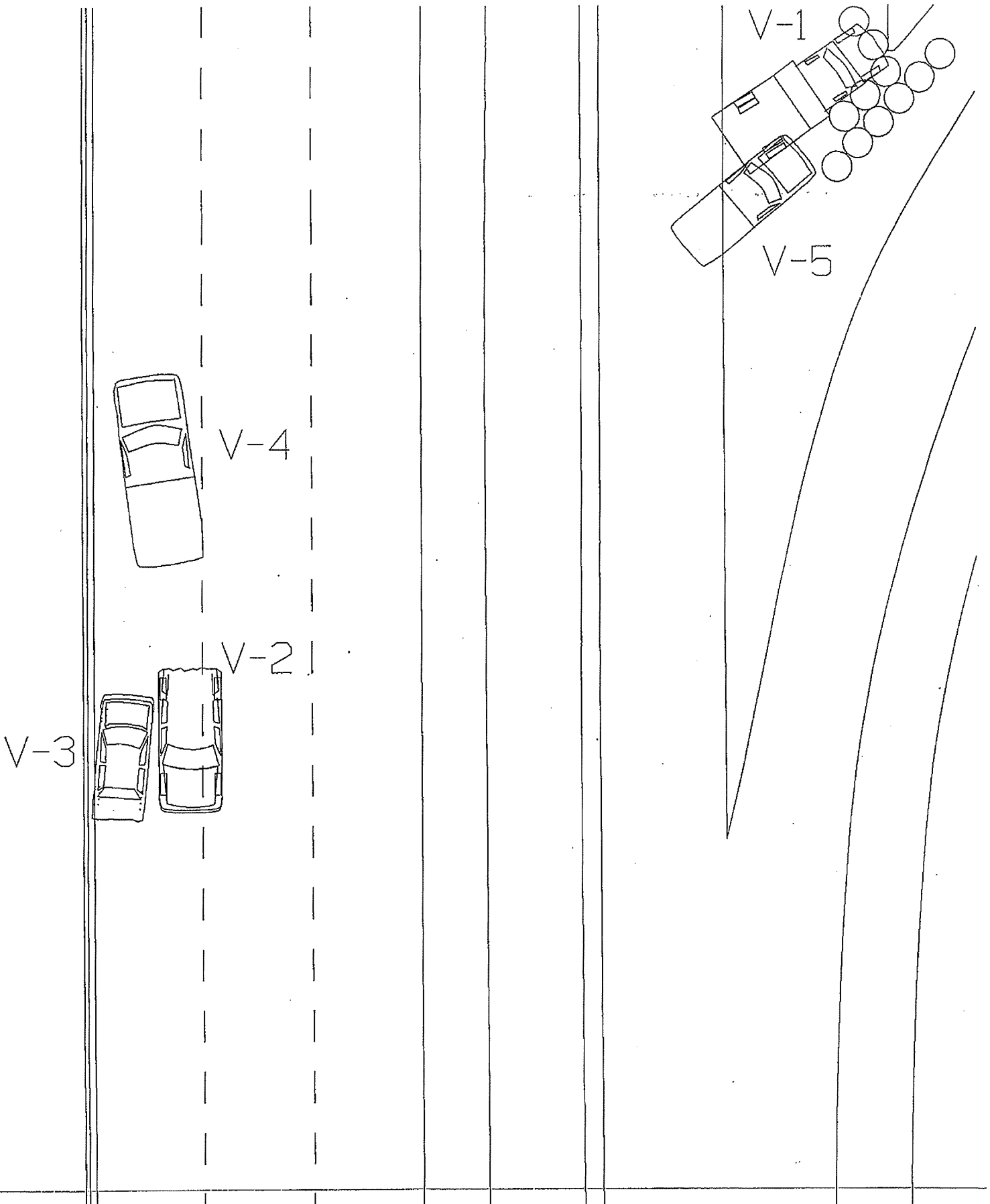
DYNAMICS #7



DYNAMICS # 8

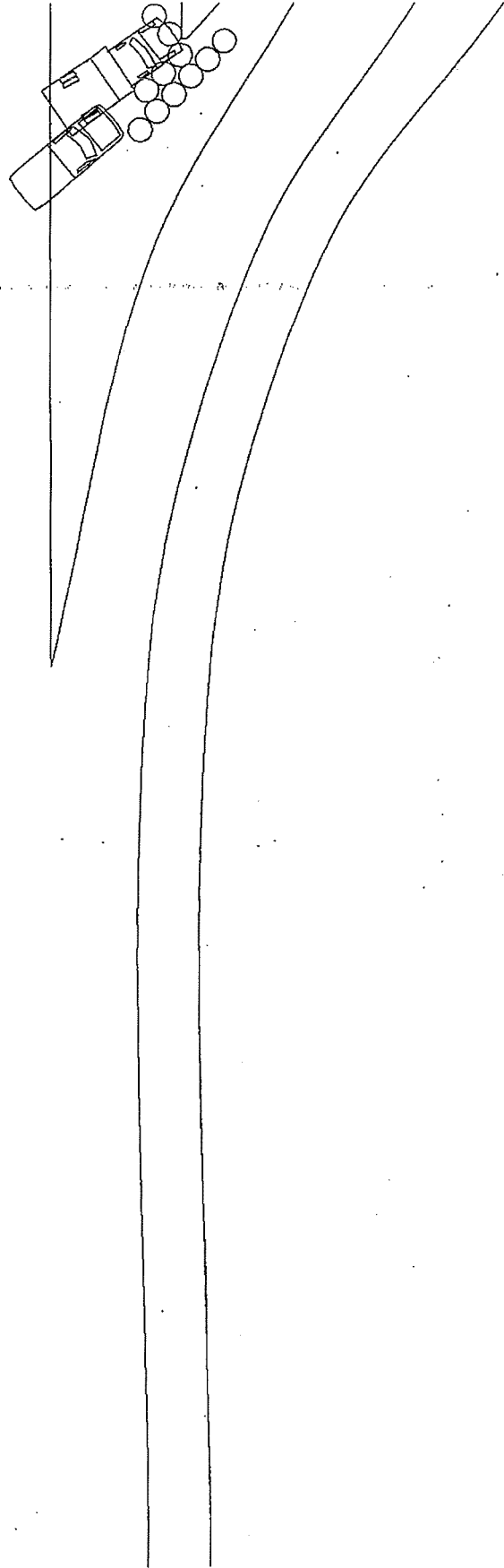
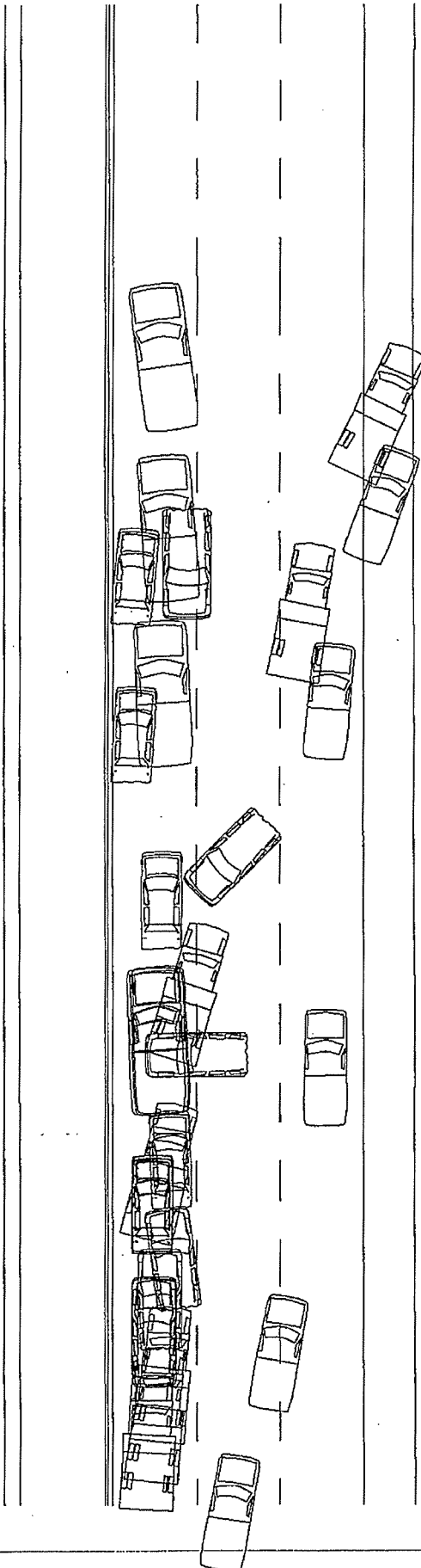


DYNAMICS #9



DYNAMICS OVERVIEW

2 0 2



NARRATIVE/SUPPLEMENTAL

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1 **PHYSICAL EVIDENCE:**

2

3

LEGEND

4

5 **STATION LINE**

6

7 A station line was established to recreate the roadway features and physical evidence. The
8 station line begins at the outside edge of the white painted fog line of the east roadway edge
9 of SR-170 northbound and increases in numbers as it continues northward. 0+00 was located
10 on the white edge line 12.3 feet north of the north edge of the Roscoe Blvd and 11 feet west of
11 the east roadway edge of SR-170 northbound. All measurements will be in reference to the
12 station line.

13

14

15 **VEHICLES POINTS OF REST**

16

17 **VEHICLE DISTANCE DIRECTION STATION DESCRIPTION**

18

19	Vehicle #1	33.3 ft.	Right	1+90.3	Left Rear Tire
20		42.8 ft.	Right	1+96.2	Left Front Tire
21					
22	Vehicle #2	21.7 ft.	Left	1+22.1	Left Front Tire
23		20.6 ft.	Left	1+29.9	Left Rear Tire
24		26.2 ft.	Left	1+31	Right Rear Tire
25					
26	Vehicle #3	33.4 ft.	Left	1+19.5	Left Rear Tire
27		32.2 ft.	Left	1+28.3	Left Front Tire
28					
29	Vehicle #4	31.1 ft.	Left	1+59.2	Left Front Tire
30		28.9 ft.	Left	1+48.1	Left Rear Tire
31					
32	Vehicle #5	30.7 ft.	Right	1+74.3	Right Rear Tire
33		27.3 ft.	Right	1+79.7	Left Rear Tire

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K PAULSON

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13434

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REVIEWER'S NAME

DATE

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1 **PHYSICAL EVIDENCE LOCATION LIST**

	<u>NUMBER</u>	<u>DISTANCE</u>	<u>DIRECTION</u>	<u>STATION</u>	<u>DESCRIPTION</u>
2					
3					
4					
5	1	22.5 ft.	Left	1+15.3	Tire Friction Mark caused by V-2
6		23.1 ft.	Left	1+08.7	
7		21.3 ft.	Left	1+00.1	
8		20.5 ft.	Left	0+86.1	
9		21.9 ft.	Left	0+81.1	
10		26.6 ft.	Left	0+55	
11		29.4 ft.	Left	0+24.3	
12					
13					
14	2	27.1 ft.	Left	0+35.9	Scrape Mark caused by V-3
15		26.5 ft.	Left	0+37.8	
16		26 ft.	Left	0+40.1	
17		25.8 ft.	Left	0+41.7	
18					
19	3	22.7 ft.	Left	0+99.3	Scrape Mark caused by V-3
20		24.6 ft.	Left	1+05.1	
21					
22					
23	4	32.8 ft.	Right	1+86.7	Fluid Trail caused by V-1
24		16.6 ft.	Right	1+68.5	
25		6.4 ft.	Right	1+55.2	
26		0 ft.	At	1+44	
27		5.3 ft.	Left	1+35	
28					
29	5	25.8 ft.	Left	0+22.5	Tire Friction Mark caused by V-1
30		25 ft.	Left	0+43.7	
31		18 ft.	Left	0+77.1	
32		7.8 ft.	Left	1+06.6	
33		0 ft.	At	1+31.7	
34		6.6 ft.	Right	1+47.4	
35		16.2 ft.	Right	1+63.6	
36					
37	6	18.6 ft.	Right	1+67.8	Tire Friction Mark caused by V-1
38		24.4 ft.	Right	1+74.6	
39		35.7 ft.	Right	1+83.7	
40					

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PHYSICAL EVIDENCE LOCATION LIST (Cont.):

	<u>NUMBER</u>	<u>DISTANCE</u>	<u>DIRECTION</u>	<u>STATION</u>	<u>DESCRIPTION</u>
1					
2					
3					
4					
5	7	5.3 ft.	Left	1+02	Tire Friction Mark
6		0 ft.	At	1+19.1	caused by V-5
7		6.4 ft.	Right	1+37.6	
8		12.6 ft.	Right	1+49.7	
9					
10	8	17.6 ft.	Right	1+59.3	Tire Friction Mark
11		27.3 ft.	Right	1+72.2	caused by V-5
12		6.4 ft.	Right	1+37.6	
13		38.8 ft.	Right	1+80.9	
14					
15	9	22.8 ft.	Right	1+70.7	Tire Friction Mark
16		35.6 ft.	Right	1+83.9	caused by V-1
17					
18	10	23.7 ft.	Left	1+15.2	Water and Debris
19		13.4 ft.	Left	1+17.6	
20		11.7 ft.	Left	1+29.9	
21		15.2 ft.	Left	1+45	
22		42.8 ft.	Left	1+43.8	
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STATEMENTS**Party #1** [REDACTED]

This statement was obtained on 10-27-99 at approximately 2034 hours, by Officer S. Chir, #14432. Officer Chir contacted P-1 in the emergency room of Pacifica Hospital in Sun Valley Ca.

P-1 related in essence that on the night of the collision, he and his son had just completed a job in Studio City. Prior to leaving the job site, P-1 recalled telling his son to be careful when driving in the area of northbound SR-170 approaching the I-5 connector road. P-1 relates that he told his son that traffic in this area slows abruptly due to the connector road. Both P-1 and his son entered the freeway and were traveling northbound SR-170 freeway in the #1 lane at approximately 50-60 MPH approaching the I-5 interchange. His son (P-5) was directly behind him. P-1 recalls traffic moving at a steady pace and did not notice any unusual traffic conditions ahead of him. The next thing P-1 noticed was his front windshield shattering. He then veered to the right and collided with the freeway attenuators on the right shoulder.

P-1 related that he never noticed any vehicle in front of him and did not recall traffic being stopped ahead of him. P-1 does not recall whether or not he applied his brakes or any other events of the collision. P-1 also relates that he was not drinking prior to the collision and that he was not tired.

Party #2 [REDACTED]

No statement obtained due to fatal injuries.

Party #3 [REDACTED]

P-3 [REDACTED] related the following statement to Officer Kajiwara, #13612, at the collision scene.

P-3 related that he was driving northbound SR-170 in the #1 lane at 55 mph. P-3 observed traffic stopping approximately a ¼ mile ahead. P-3 slowed to almost a complete stop. P-3 felt an impact to the rear which pushed him forward into an unknown vehicle ahead. P-3 looked to his right and observed flames. P-3 exited the passenger side of his vehicle.

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STATEMENTS (Cont.)

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Party #4 [REDACTED]

P-4 [REDACTED] related the following statement to me at the collision scene.

P-4 related that he was driving northbound SR-170 in the #1 lane and had come to a stop for traffic ahead. P-4 related that at one point he and traffic moved forward a little and then came to a stop again. P-4 then felt an impact to the rear of his vehicle. P-4 looked in his rear view mirror and observed a lot of flames. P-4 tried to drive his vehicle, V-4, away from the fire but his vehicle wouldn't move. P-4 exited his vehicle and fled up the center divider. When P-4 looked back at the Jeep, V-2, it was fully engulfed in flames.

Party #5 [REDACTED]

This statement was obtained on 10-27-99 at approximately 2034 hours, by Officer S. Chir, #14432. Officer Chir contacted P-5 in the emergency room of Pacifica Hospital in Sun Valley Ca.

P-5 related in essence that on the night of the collision, he was traveling northbound SR-170 in the #1 lane at approximately 50-60 MPH 4-5 car lengths directly behind his dad (V-1). P-5 then recalled V-1 stopping abruptly in front of him. P-5 slammed on his brakes but could not stop prior to rear ending V-1. After the impact, P-5 recalls his vehicle and V-1 veering to the right and colliding with freeway attenuators on the right shoulder. P-5 relates that somehow his vehicle came to rest underneath V-1. P-5 climbed out the passengers side of the vehicle and ran over to V-1 to see if his father was all right. P-5 does not recall traffic stopped ahead of him prior to the collision because V-1 is a large stake bed truck and he could not see over it. P-5 related that he was not drinking prior to the collision and that he was not tired.

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STATEMENTS (Cont.)

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Witness #1 [REDACTED]

On 10-29-99 at approximately 0955 hours, I contacted W-1 by phone and obtained the following statement.

W-1 related to me in essence that he was driving northbound SR-170 in the HOV lane at 65-70mph. W-1 related that he was traveling approximately 1/2 car length behind vehicle #1 which was in the northbound #1 lane traveling at 65-70mph. W-1 observed vehicle #1 approaching stopped traffic ahead in the northbound #1 lane. W-1 realized vehicle #1 was not stopping as it approached stopped traffic. W-1 honked his horn in an attempt to get Party #1's attention. When W-1 realized that vehicle #1 was going to crash he accelerated and swerved left so as not to be involved in the collision. W-1 did not observe or hear vehicle #1 braking prior to the collision. W-1 heard a collision and thought that his vehicle may have been hit by some debris. W-1 stopped ahead of the collision scene. W-1 looked in his rear view mirror as he was stopping and observed flames. W-1 then left the scene.

Witness #2 [REDACTED]

W-2 was contacted at the collision scene by Officer Curtin, #13256, and related the following statement.

W-2 was driving northbound SR-170 in the #1 lane at 65mph behind a black Ford Ranger, (V-5), which was behind a stake bed truck, (V-1). W-2 observed the black Ford change from the northbound #1 lane into the #2 lane and clip a small car. The car spun and hit a Jeep (vehicle #2). The Jeep then caught on fire.

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STATEMENTS (Cont.)

1
2
3 **Witness #3** [REDACTED]
4

5 W-3 was contacted at the collision scene by Officer Curtin, #13256, and related the
6 following statement.
7

8 W-3 related that she was driving northbound SR-170 in the HOV lane at 30 mph and
9 slowing due to traffic ahead. W-3 observed traffic ahead coming to a stop in the
10 northbound #1 lane. W-3 observed a stake bed truck, (V-1), ahead in the northbound
11 #1 lane traveling at approximately 50 mph. W-3 observed V-1 rear end a black Jeep
12 (V-2) without applying its brakes. Vehicle #2 "exploded" and crashed into another car
13 (Honda). W-3 observed the stake bed truck veer to the right.
14

15
16 **Witness #4** [REDACTED]
17

18 W-4 was contacted at the scene by Officer Martinez, #12672, and related the following
19 statement.
20

21 W-4 related that she was driving northbound SR-170 in the #2 lane at 65 mph
22 approximately 2-3 cars behind a truck, (V-1). W-4 observed a truck in the northbound
23 #3 lane collide with a Jeep in the northbound #2 lane. The Jeep then spun around in a
24 circle and struck a little car that was in the northbound #1 lane. The vehicle
25 immediately burst into flames.
26

27
28 **Witness #5** [REDACTED]
29

30 W-5 was contacted at the collision scene by Officer Martinez, #12672, and related the
31 following statement.
32

33 W-5 related that he was driving northbound SR-170 in the #1 lane at 55 mph and
34 possibly starting to slow. W-5 observed a truck ahead in the northbound #2 or #3 lane
35 change lanes to the left. The truck struck a little car and may have hit a Jeep. Both
36 cars immediately burst into flames. A driver from one of the trucks ran to the Jeep and
37 tried to open its door. The unknown party was unable to open the door due to the
38 flames.
39
40

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ADDITIONAL INFORMATION

Officer Acosta, #14363, responded to Pacifica Hospital and contacted P-1 [REDACTED]. Upon contacting P-1, Officer Acosta determined that P-1 was not under the influence of an alcoholic beverage. A preliminary alcohol screening device test was administered with a result of .00 blood alcohol content. P-1 voluntarily agreed to a blood test. A blood sample was taken from P-1 at Pacifica Hospital at 1927 hours by phlebotomist Paul Byrne. Officer Acosta booked the blood sample into Van Nuys LAPD Property #P00540768. The results are pending.

V-1 [REDACTED] was taken to Valley Recycling Center in Chatsworth, CA. To be weighed. Certified receipt number 100971 on October 28, 1999. The net weight of V-1 was 6,340 pounds.

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OPINIONS AND ANALYSIS**MECHANICAL SURVEY:****VEHICLE #1 91 FORD F250 LICENSE [REDACTED]**

On October 27, 1999 an inspection was performed by Officer Laubscher, #14454, at the West Valley CHP Office.

Extent of Inspection:

The mechanical components of this vehicle were sorted into individual critical items for a detailed analysis of their functional abilities or abnormalities. The critical item segments for this vehicle will consist of the following: Brakes, steering, suspension and tires.

Brakes:

This vehicle is fitted with a hydraulically actuated disc/drum brake configuration. The system is activated by a vacuum assisted master cylinder which is mounted on the left firewall. The master cylinder and power booster were not damaged. The brake fluid level was approximately ½ inch from the maximum full level. The brake pedal had approximately 1 inch of free pedal travel when applied. The front brakes are a sliding caliper design. The rear brakes are a duo-servo type design.

Front Braking System:

Both rotors and their calipers are properly mounted. The rotors are smooth and show no irregularities. The brake calipers are properly mounted and their dust seals were intact and protecting them from the elements. No visible signs of fluid loss were observed from either caliper or hose. The brake pads are composed of a semi-metallic material. The brake pads measured as follows: right inboard: .271" right outboard: .306" left inboard: .256" left outboard: .287". Manufacturers minimum thickness specification is .030 inches thick. None of the pads exhibited any abnormalities. The rotors measured as follows: right: 1.234" left: 1.227". Manufacturers minimum thickness specification is 1.180". Neither rotor exhibited excessive lateral runout.

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1 MECHANICAL SURVEY (Cont.):

2

3 **VEHICLE #1 91 FORD F250 LICENSE** [REDACTED]

4

5 Rear Brakes (Cont.):

6

7 The left drum is smooth and shows no irregularities or abnormalities. The right drum
 8 exhibited hot spots throughout the drum and scrapes, which were approximately .030"
 9 deep, caused by the lower return spring having broken and remained inside the drum
 10 assembly. This condition would have existed for an unknown long period of time prior
 11 to the collision and should have caused only a minimum reduction in braking efficiency.
 12 The left drum measured 12.045" and the right drum measured 12.074". Manufacturers
 13 maximum diameter specification is 12.090". The wheel cylinders are properly mounted
 14 and their dust seals were intact and protecting them from the elements. No visible
 15 signs of fluid loss were observed from either cylinder or hose. The brake shoes are
 16 composed of an organic material. None of the shoes exhibited any abnormalities.

17

18 Braking System Opinion:

19

20 Examination of the brake system did not disclose any abnormalities or deficiencies,
 21 which would have been an associated factor in this collision.

22

23 Front Steering and Suspension:

24

25 The front steering system is equipped with a power type steering gear. The power
 26 steering pump belt was in place with no signs of fluid loss. This system is equipped
 27 with upper and lower ball joints, inner and outer tie rods, and upper and lower control
 28 arms. Each wheel is fitted with gas type shock absorber assemblies and coil type
 29 springs for ride and dampening control. The right inner tie rod assembly was bent
 30 slightly approximately 3" from the adjusting sleeve. The left inner tie rod assembly was
 31 bent to approximately 30 degrees the center point. Both bends in the tie rods were
 32 apparently caused by the severity of the collision.

33

34 Rear Suspension:

35

36 The rear axle is equipped with gas type shock absorbers with leaf type springs. No
 37 deficiencies or abnormalities were noted or observed in the rear suspension.

38

39

40

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1 **MECHANICAL SURVEY (Cont.):**

2

3 **VEHICLE #1 91 FORD F250 LICENSE [REDACTED]**

4

5 **Opinions:**

6

7 Examination of the steering and suspension system did not reveal any deficiencies or
8 abnormalities.

9

10 **Tires:**

11

12 R/F Michelin XC LT4 235/85/R16 9/32 inches of tread depth and 0 PSI. This tire
13 was cut on the outside sidewall from the bumper at the 6:00 position from the valve
14 stem.

15

16 L/F Michelin XC LT4 235/85/R16 9/32 inches of tread depth and 30 PSI.

17

18 R/R Michelin XC LT4 235/85/R16 9/32 inches of tread depth and 30 PSI.

19

20 L/R Michelin XC LT4 235/85/R16 9/32 inches of tread depth and 30 PSI.

21

22

23

24 The accelerator cable and linkage assembly are a spring loaded mechanical assembly.
25 The pedal and linkage exhibited unrestricted movement throughout the range of
26 movement and no deficiencies were or abnormalities were noted. The hood was
27 securely shut prior to examination. The windshield appeared to have been broken
28 upon impact by the hood being pushed back into it. The frame on this truck was bent to
29 approximately 30-45 degrees on the right side at the B pillar.

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1 **VEHICLE DESCRIPTION AND DAMAGE:**

2

3 **VEHICLE #1 (Ford)**

4

5 **DESCRIPTION:**

6

7	Year:	-	1991
8	Make:	-	Ford
9	Model:	-	F Series F-250 4 x 2 Stake Bed Truck
10	License Number:	-	6A31323
11	VIN:	-	2FTEF25N8MC [REDACTED]
12	Engine:	-	5.0 L V-8, Gasoline
13	Transmission:	-	Automatic
14	Color:	-	Tan
15	Odometer:	-	39,158 miles
16	Speedometer:	-	0

17

18 **DIMENSIONS:**

19

20 **RIGHT SIDE:**

21

22	Overall Length:	-	19.0'
23	Wheel Base:	-	11.2'
24	Front Overhang:	-	1.2'
25	Rear Overhang:	-	4.2'

26

27 **LEFT SIDE:**

28

29	Overall Length:	-	20.9'
30	Wheel Base:	-	11.3'
31	Front Overhang:	-	2.7'
32	Rear Overhang:	-	4.4'

33

34 **FRONT:**

35

36	Width:	-	6.1'
37	Track:	-	5.05'
38	Footprint:	-	.62'

39

40

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

VEHICLE DESCRIPTION AND DAMAGE (Cont.):

VEHICLE #1 [REDACTED] (Cont.)

DIMENSIONS (Cont.):

REAR:

Width:	-	7.6'
Track:	-	5.35'
Footprint:	-	.62'

REGISTERED OWNER:

[REDACTED]
P.O. Box [REDACTED]
Canyon Country, CA [REDACTED]

DAMAGE:

Vehicle #1 [REDACTED] was inspected on December 13, 1999, at approximately 1000 hours by Officer M. Gill, #13850. The inspection was conducted at:

Howard Sommers Towing
7891 Deering Avenue
Canoga Park, CA 91303
(818) 884-5600

OVERVIEW:

There is major contact damage to the entire front end. The principle direction of force was from front to rear.

LEFT SIDE:

The left front fender is folded at the center with the front portion of the fender folded inward towards the engine compartment. The front fender is pushed rearward and into the left front door. The left front door is protruding outward at the top. The left side frame rail is buckled

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

VEHICLE DESCRIPTION AND DAMAGE (Cont.):**VEHICLE #1 [REDACTED] (Cont.)****LEFT SIDE (Cont.):**

downward underneath the left door. The stake bed portion of the vehicle is bent downward at the center of the vehicle and is angled upward towards the rear. The left front wind wing window is intact and in the open position. The left front door window is in the down position and appeared to be intact. The left front tire is flat.

REAR:

The right side of the rear ramp bumper is bent inward and twisted. The left rear tail light is missing the red lens cover and the bottom light bulb is missing. The right side taillight lens is broken and the bulb is missing. There is no apparent contact damage to the rear end of the vehicle. The rear right red marker lens is cracked. There are scrape marks/scratches just to the left of the rear right red marker lens on the bottom metal rail of the bed.

RIGHT SIDE:

The right front fender is buckled and pushed towards the rear. There are downward gouge marks on the right front fender. There are black horizontal marks on the right front fender. The right front wheel is missing. The vehicle is resting on the right front rotor. The right front door is buckled at the center of the door. The door is buckled inward at the door handle. The window frame is bent outward. The window is buckled downward at the top rear most portion. The wind wing window is hanging on the window frame. The roll down window is broken. The right side mirror is folded inward and bent downward. The right side frame rail of the vehicle is buckled downward underneath the right side door. The stake bed portion of the vehicle is pushed forward and downward into the cab of the vehicle. There is a bulging in the bottom metal rail of the bed above the right rear wheel.

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NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 **VEHICLE DESCRIPTION AND DAMAGE (Cont.):**

2

3 **VEHICLE #1 [REDACTED] (Cont.)**

4

5 **FRONT:**

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19 **TOP:**

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24 **INTERIOR:**

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The front bumper is crushed inward. The left front portion of the front bumper is folded forward and is bent upward. The right front portion of the front bumper is pushed rearward and downward. The left side headlight lens is broken out. The bulb appeared to be intact. The hood is buckled and pushed towards the rear of the vehicle towards the drivers side. There is a circular patterned gouge mark on the right side of the hood. There are scrape marks on the center of the hood. There are pits in the paint along the entire front of the hood. The grille is shattered out. The right side lights are all broken out. The windshield is broken and pushed inward into the cab of the vehicle. There are spider cracks throughout.

The roof is buckled throughout its entire width. The roof is buckled downward at the right rear passenger side.

The rear window of the cab is broken out. The rubber molding of the rear window is resting on the bench seat. The center of the dash is broken outward (towards the seat). The glove compartment is open and hanging down. The drivers side seatbelt guide at the "B" pillar post has stress marks on it. Passenger side seatbelt guide did not show any stress marks. There is glass on the seat and floorboard (right and left sides).

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NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 **VEHICLE DESCRIPTION AND DAMAGE:**

2

3 **VEHICLE #2 (Jeep)**

4

5

6 **DESCRIPTION:**

7

8 Year: - 1998

9

10 Make: - Jeep

11

12 Model: - Grand Cherokee 4x2 Special Edition

13

14 License Number: - 4ARY563

15

16 VIN: - 1J4FX48S7WC [REDACTED]

17

18 Engine: - 4.0L 6 Cylinder, Gasoline

19

20 Transmission: - Unknown

21

22 Color: - Black

23

24 Odometer: - Unknown

25

26 Speedometer: - Unknown

27

28

29 **DIMENSIONS:**

30

31 **RIGHT SIDE:**

32

33 Overall Length: - 12.7'

34

35 Wheel Base: - 8.6'

36

37 Front Overhang: - 2.7'

38

39 Rear Overhang: - 2.7'

40

41 (Note: measurement taken to rear hatch)

42

43

44

45 **LEFT SIDE:**

46

47 Overall Length: - 11.7'

48

49 Wheel Base: - 7.7'

50

51 Front Overhang: - 2.2'

52

53 Rear Overhang: - 2.3'

54

55 (Note: measurement taken to rear hatch)

56

57

58

59 **FRONT:**

60

61 Width: - 5.3'

62

63 Track: - 4.9'

64

65 Footprint: - 57'

66

67

PREPARER'S NAME

I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

K PAULSON

13434

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NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 VEHICLE DESCRIPTION AND DAMAGE (Cont.):

2

3 VEHICLE #2 (Jeep) (Cont.)

4

5 DIMENSIONS (Cont.):

6

7

REAR:

8

9

Width: - 4.1'

10

Track: - 4.8'

11

Footprint: - .57'

12

13

REGISTERED OWNER:

14

15

16

17

Northridge, CA

18

19

DAMAGE:

20

21

Vehicle #2 (Jeep) was inspected on October 28, 1999, at approximately 1000 hours by Officer M. Gill, #13850. The inspection was conducted at:

22

23

24

Howard Sommers Towing

25

7891 Deering Avenue

26

Canoga Park, CA 91303

27

(818) 884-5600

28

29

OVERVIEW:

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There is major contact damage to the entire rear end. The vehicle was completely burned from the firewall towards the rear. The principle direction of force was from rear to front.

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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 VEHICLE DESCRIPTION AND DAMAGE (Cont.):**3 VEHICLE #2 (Jeep) (Cont.)****5 LEFT SIDE:**

7 The left rear quarter panel is displaced forward and buckled into the left
8 rear door. The left rear door is protruding outward. The left rear door and
9 left rear quarter panel are completely burned. The rocker panel on the left
10 front door is missing. None of the windows on the left side of the vehicle
11 are in place. There is burn marks along the entire "B" pillar post and
12 along the top of the left front door above the window opening. The front
13 top portion of the left front fender is dented above and to the rear of the
14 turn signal light. The left rear tire is melted/burned. The left rear rim is
15 burned and has several gouges on it. The left side mirror plastic housing
16 is melted. The left side mirror is still in place in the housing.

18 REAR:

19
20 The rear has complete contact damage. The entire rear end is pushed
21 forward and upward all the way to the rear differential. The bumper cover
22 is missing/melted. The rear hatch is buckled downward and inward toward
23 the front of the vehicle. The rear of the vehicle is completely burned.

25 RIGHT SIDE:

26
27 There is scratches on the right front fender directly above the wheel well.
28 The right front door is burned. The right side mirror plastic housing is
29 burned/melted. The right rear door is completely burned and has buckling
30 damage at the quarter window of the door. The right rear door is
31 protruding outward slightly. All windows on the rights side of the vehicle
32 are broken out. The right rear quarter panel is displaced forward into the
33 right rear door and is completely burned. The right rear tire is
34 burned/melted.

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PREPARER'S NAME
K PAULSON

I.D. NUMBER
13434

DATE
10/27/99

REVIEWER'S NAME

DATE

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

VEHICLE DESCRIPTION AND DAMAGE (Cont.):**VEHICLE #2 (Jeep) (Cont.)****FRONT:**

The grille is missing. The front bumper cover is missing. The bumper reinforcement is visible. The front bumper reinforcement is displaced rearward and upward at the center. The left front turn signal lens is cracked and broken. The left front parking light is cracked and broken. The right front parking light is broken. There is a fog light hanging on the right side front of the vehicle. There is no left side fog light. The hood has induced buckling at the forward edge in an inward and upward direction. The front windshield is missing.

TOP:

The top of the vehicle is completely burned. The top of the vehicle at the rear is buckled downward and inward. The roof at the front of the vehicle is buckled from left to right. The right side of the roof is buckled in a downward direction. The left side of the roof is buckled in an inward and upward direction at the "B" pillar post.

INTERIOR:

The interior of the vehicle is completely burned.

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NUMBER
0AD6AH4W

VEHICLE DESCRIPTION AND DAMAGE (Cont.):**VEHICLE #3 (Honda):****DESCRIPTION:**

Year:	-	1995
Make:	-	Honda
Model:	-	Civic LX 4 DR Sedan
License Number:	-	3NCV856
VIN:	-	JHMEG855XSS [REDACTED]
Engine:	-	4 Cylinder, Gasoline
Transmission:	-	5 Speed Manual
Color:	-	Gray
Odometer:	-	152282 miles
Speedometer:	-	0

DIMENSIONS:**RIGHT SIDE:**

Overall Length:	-	13.0'
Wheel Base:	-	8.7'
Front Overhang:	-	2.4'
Rear Overhang:	-	2.2'

LEFT SIDE:

Overall Length:	-	12.8'
Wheel Base:	-	8.6'
Front Overhang:	-	2.4'
Rear Overhang:	-	2.3'

FRONT:

Width:	-	4.1'
Track:	-	4.9'
Footprint:	-	.55'

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NARRATIVE/SUPPLEMENTAL

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0AD6AH4W

VEHICLE DESCRIPTION AND DAMAGE (Cont.):

VEHICLE #3 (Honda) (Cont.)

DIMENSIONS (Cont.):

REAR:

Width:	-	4.4'
Track:	-	4.7'
Footprint:	-	.55'

REGISTERED OWNER:



Valencia, CA [Redacted]

DAMAGE:

Vehicle #3 (Honda) was inspected on October 28, 1999, at approximately 0930 hours by Officer M. Gill, #13850. The inspection was conducted at:

Howard Sommers Towing
7891 Deering Avenue
Canoga Park, CA 91303
(818) 884-5600

OVERVIEW:

There is major contact damage to the entire rear end. There is contact damage and burn damage to the front and right front of the vehicle. The principle direction of force was from rear to front.

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K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 **VEHICLE DESCRIPTION AND DAMAGE (Cont.):**

2

3 **VEHICLE #3 (Honda) (Cont.)**

4

5 **LEFT SIDE:**

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The left rear quarter panel is displaced forward and buckled into trunk area. There is induced buckling damage at the "C" pillar post directly above the left rear door. The left rear door is pushed forward and slightly outward at the "C" pillar post. The left front and left rear door's have horizontal scratches on them. There are gouges on the left side mirror plastic housing. The left side mirror plastic housing has begun to melt and is slightly turned inward from its normal position. There are minor horizontal scratches on the left front fender. Both left side tires and rims appear in good condition.

17 **REAR:**

The rear has direct contact damage to its entire width. The entire rear end is pushed inward towards the front of the vehicle. The trunk hatch is pushed inward and in an upward direction. The rear window is broken out. The rear bumper cover is torn away from the bumper reinforcement and is pushed into the trunk area. The rear bumper reinforcement is exposed and bent inward and downward.

26 **RIGHT SIDE:**

The right front fender is burned along its upper half and has contact damage at its front corner. The front of the fender is bent from front to back. The right front door has scrape marks from the leading edge of the door proceeding rearward. The right side mirror plastic housing is melted. The right side mirror is folded inward from its normal position. The right rocker panel molding has scratch marks on burn debris on it. The right rear quarter panel is displaced forward and is buckled into the right rear door. The right rear door has scratches on it and is buckled inward at the door handle. The right rear door is protruding slightly outward. The right rear door window is broken out. The right front door window is intact and in place. The right front tire and wheel are burned/melted and the tire is completely deflated. The right rear tire is in good condition.

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NARRATIVE/SUPPLEMENTAL

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10/27/99	1802	9580	13434	0AD6AH4W

VEHICLE DESCRIPTION AND DAMAGE (Cont.):

VEHICLE #3 (Honda)(Cont.)

FRONT:

The front bumper cover is missing with the bumper reinforcement exposed/visible. The left front portion of the front bumper reinforcement is displaced forward. The right front portion of the front bumper reinforcement is pushed inward. The left front headlight is cracked and in place. The left turn signal is slightly burned at its front most edge and also in place. The right side front lights have been completely burned/melted away. The right front corner of the vehicle has contact damage in an inward and downward direction. The hood is completely burned and has contact damage to its right front corner. The hood has buckled downward along its right side and along the front leading edge. The hood is pushed inward from the right corner. The windshield is burned and spider cracked directly in front of the right front passenger seat. There are pieces of glass missing from the windshield at the lower right edge extending to the center of the windshield. The molding along the entire perimeter of the windshield is burned/melted.

TOP:

There is no notable damage from this collision.

INTERIOR:

The drivers seat is in the reclined position and twisted towards the right rear seat. There is broken glass debris on all areas of the floorboard. The back seat rest is pushed forward towards the front of the vehicle. The back seat bottoms appear to be in their original positions.

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10/27/99	1802	9580	13434

0AD6AH4W

1 **VEHICLE DESCRIPTION AND DAMAGE (Cont.):**

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3 **VEHICLE #4 (Ford)**

4

5

DESCRIPTION:

6

7

Year: - 1999

8

Make: - Ford

9

Model: - F-150 4X4 Pickup-Super Cab Styleside

10

License Number: - 5X30547

11

VIN: - 1FTRX18L1XK [REDACTED]

12

Engine: - 5.4 I EFI - SOHC V-8, Gasoline

13

Transmission: - Automatic

14

Color: - Blue

15

Odometer: - 8453.6 miles

16

Speedometer: - 0

17

18

DIMENSIONS:

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RIGHT SIDE:

21

22

Overall Length: - 18.9'

23

Wheel Base: - 11.8'

24

Front Overhang: - 2.8'

25

Rear Overhang: - 3.95'

26

27

LEFT SIDE:

28

29

Overall Length: - 18.9'

30

Wheel Base: - 11.8'

31

Front Overhang: - 2.8'

32

Rear Overhang: - 3.95'

33

34

FRONT:

35

36

Width: - 6.3'

37

Track: - 5.4'

38

Footprint: - .8'

39

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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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1 **VEHICLE DESCRIPTION AND DAMAGE (Cont.)**



2
3 **VEHICLE #4 (Ford) (Cont.)**

4
5 **DIMENSIONS (Cont.):**

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7 **REAR:**

8
9 Width: - 6.0'
10 Track: - 5.4'
11 Footprint: - .8'

12
13 **REGISTERED OWNER:**

14
15 
16
17 Canyon Country, CA 

18
19 **DAMAGE:**

20
21 Vehicle #4 (Ford) was inspected on October 28, 1999, at approximately
22 1130 hours by Officer M. Gill, #13850. The inspection was conducted at:
23
24 Howard Sommers Towing
25 7891 Deering Avenue
26 Cañoga Park, CA 91303
27 (818) 884-5600
28

29 **OVERVIEW:**

30
31 There is major burn damage to the rear tailgate of the vehicle.

32
33 **LEFT SIDE:**

34
35 The left rear upper most corner of the bed is burned. There is no notable
36 damage from this collision to any other portion of the left side of this
37 vehicle.
38
39
40

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
10/27/99	1802	9580	13434
			0AD6AH4W

1 VEHICLE DESCRIPTION AND DAMAGE (Cont.):

2

3 VEHICLE #4 (Ford) (Cont.)

4

5 REAR:

6

7 The tailgate, rear bumper, and trailer hitch are completely burned. The
8 right rear taillight lens is melted/burned. The left rear taillight is
9 melted/burned. The left side of the rear bumper is slightly bent
10 downward/inward.

11

12 RIGHT SIDE:

13

14 The rearmost portion of the truck bed is burned. There is no notable
15 damage from this collision to any other portion of the right side of this
16 vehicle.

17

18 FRONT:

19

20 There is no notable damage from this collision.

21

22 TOP:

23

24 There is no notable damage from this collision.

25

26 INTERIOR:

27

28 There is no notable damage from this collision.

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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

1 **VEHICLE DESCRIPTION AND DAMAGE (Cont.):**

2

3 **VEHICLE #5 (Ford)**

4

5 **DESCRIPTION:**

6

7	Year:	-	1995
8	Make:	-	Ford
9	Model:	-	Super Cab Ranger 4X4 Pickup
10	License Number:	-	5E14514
11	VIN:	-	1FTCR15X1SF [REDACTED]
12	Engine:	-	4.0 L EFI V-6, Gasoline
13	Transmission:	-	Automatic
14	Color:	-	Green
15	Odometer:	-	109410 miles
16	Speedometer:	-	0

17

18 **DIMENSIONS:**

19

20 **RIGHT SIDE:**

21

22	Overall Length:	-	16.5'
23	Wheel Base:	-	10.4'
24	Front Overhang:	-	2.7'
25	Rear Overhang:	-	3.5'

26

27 **LEFT SIDE:**

28

29	Overall Length:	-	16.4'
30	Wheel Base:	-	10.4'
31	Front Overhang:	-	2.6'
32	Rear Overhang:	-	3.5'

33

34 **FRONT:**

35

36	Width:	-	5.7'
37	Track:	-	5.3'
38	Footprint:	-	.7'

39

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PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
K PAULSON	13434	10/27/99		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
10/27/99	1802	9580	13434	0AD6AH4W

VEHICLE DESCRIPTION AND DAMAGE (Cont.):

VEHICLE #5 (Ford) (Cont.)

DIMENSIONS (Cont.):

REAR:

Width: - 5.3'
 Track: - 4.9'
 Footprint: - .7'

REGISTERED OWNER:



Canyon Country, CA [Redacted]

DAMAGE:

Vehicle #5 (Ford) was inspected on October 28, 1999, at approximately 1100 hours by Officer M. Gill, #13850. The inspection was conducted at:

Howard Sommers Towing
 7891 Deering Avenue
 Canoga Park, CA 91303
 (818) 884-5600

OVERVIEW:

There is contact damage to the left front side of the vehicle. The principle direction of force is from left to right and from rear to front.

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NARRATIVE/SUPPLEMENTAL

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1 **VEHICLE DESCRIPTION AND DAMAGE (Cont.):**

2

3 **VEHICLE #5 (Ford) (Cont.)**

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6 **LEFT SIDE:**

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The left front fender is buckled downward and outward. There is a black tire mark on the top of the fender going from rear to front. The left front tire is flat. There is a scrape mark/gouge beginning on the left front wheel well molding and going horizontally towards the left front door. The front portion of the left front door is crushed inward and rearward. The left front door is pushed rearward into the left rear quarter panel. The left side mirror is hanging down. The center of the left front door is crushed inward from contact damage. There are gouge marks in the center of the door just rearward of the left side mirror. The "A" pillar post is crushed downward and inward. The left door window is broken out. There small divots in the paint beginning at the rearmost portion of the left front door window frame and continuing rearward on the left rear quarter panel and onto the left side of the truck bed. There is a gouge mark on the top rail of the left side of the bed.

22

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24 **REAR:**

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26

No notable damage on the rear of the vehicle from this collision.

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41 **RIGHT SIDE:**

There is minor scrape marks on the right front wheel well molding. The right front fender is pushed slightly to the rear into the right front door. The right front door is pushed rearward into the right rear quarter panel. The right front door is protruding outward at the top of the door. There is several gouge marks on the top of the right side bed rail.

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VEHICLE DESCRIPTION AND DAMAGE (Cont.):**VEHICLE #5 (Ford) (Cont.)****FRONT:**

The right front of the hood is pushed backwards toward the center of the cab. The left front of the hood is pushed downward and has buckled. The left front of the hood is pulled forward. The left front of the hood has gouges, scrape marks on black tire marks on it. The left front turn signal lens is broken and is hanging. The reflective mirror for the left turn signal light is broken. There are horizontal scrapes and scratches on the front bumper just to the left of the license plate. There are scrapes and scratches on the right front corner of the bumper. There are dried reddish/brown drops on the top side of the front bumper at the center. The right side fog light is in place. The lower portion of the front bumper is hanging down on the left side of the vehicle. The left side fog light is missing. The left side of the front grille is crushed downward. The right side headlight is intact and in place. The left side headlight is displaced downward and cracked. The windshield is broken out and has spider cracked.

TOP:

The left front corner of the roof has a minor buckle in a downward and inward direction. There is a minor buckle on the roof above the "B" pillar post.

INTERIOR:

The drivers side air bag is deployed. There is reddish/brown stains on the air bag itself. There is glass on the entire floor board of the vehicle. There is reddish/brown stains on the right side door panel.

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COLLISION SEQUENCE:

Conclusions are based upon physical evidence, damage to the vehicles, the unmoved vehicle locations, and statements of witnesses and parties involved.

PRE-COLLISION:

Party #1 [REDACTED] was driving Vehicle #1 (Ford truck) northbound SR-170 in the #1 lane at approximately 65-70mph approaching the rear of V-2.

Party #2 [REDACTED] was driving Vehicle #2 (Jeep) northbound SR-170 and had come to a stop in the #1 lane (behind V-3) due to traffic ahead.

Party #3 [REDACTED] was driving Vehicle #3 (Honda) northbound SR-170 and had come to a stop in the #1 lane (behind V-4) due to traffic ahead.

Party #4 [REDACTED] was driving Vehicle #4 (Ford) northbound SR-170 and had come to a stop in the #1 lane due to traffic ahead.

Party #5 [REDACTED] was driving Vehicle #5 (Ford truck) northbound SR-170 in the #1 lane at 65-70mph following behind Vehicle #1.

AT-COLLISION:

Vehicle #1 traveling at 65 to 70mph struck the rear of the stopped Vehicle #2 without applying the brakes.

Vehicle #2 was pushed forward and struck the rear of the stopped vehicle #3.

Vehicle #3 was then pushed forward and struck the rear of vehicle #4.

Vehicle #5 braked and swerved to the right as vehicle #1 veered to the right after the initial impact with vehicle #2. Vehicle #5 and vehicle #1 collided and became entangled together. Both vehicles then veered to the right. Vehicle #1 and #5 jumped the raised asphalt curb on the right shoulder and continued over it. Vehicle #1 and #5 then continued onto

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COLLISION SEQUENCE (Cont.):**AT COLLISION (Cont.):**

the northbound SR-170 Roscoe Blvd. on/off ramp and struck the sand filled attenuator.

POST COLLISION:

After the collision, Vehicle #1 and #5 came to rest against the attenuators facing in an easterly direction on the northbound SR-170 Roscoe Blvd. on/off ramp.

Vehicle #2 spun in a counter clockwise direction and came to rest facing in a southerly direction in the northbound #1 lane. The violent impact between Vehicle #1 and Vehicle #2, due to the great speed difference, caused Vehicle #2's gas tank to rupture. Due to the heat or sparks caused by the collision Vehicle #2 became engulfed in flames. P-2 (Lee) remained in vehicle #2 and sustained fatal injuries.

Vehicle #3 came to rest facing in a northerly direction in the northbound #1 lane beside Vehicle #2. Vehicle #3's hood and right front fender caught on fire as a result of vehicle #2's gas tank rupturing and catching fire.

Vehicle #4 came to rest facing in a northerly direction in the northbound #1 lane. Vehicle #4's tailgate and rear end caught on fire as a result of vehicle #2's gas tank rupturing and catching on fire.

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1 **AREA OF IMPACT (AOI):**

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3 The area of impacts were determined by physical evidence and the unmoved locations
4 of the vehicles involved.

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6 AOI #1 - (vehicle #1 vs vehicle #2) was 28 ft. L Station 0+17.5

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8
9 AOI #2 - (vehicle #2 vs vehicle #3) was 28ft. L Station 0+34

10
11
12 AOI #3 - (vehicle #3 vs vehicle #4) was 27ft. L Station 0+52

13
14
15 AOI #4 - (vehicle #5 vs vehicle #1) was 7ft. L Station 1+07.8

16
17
18 AOI #5 - (vehicle #5 vs raised asphalt curb) was 6.7 R Station 1+38

19
20
21 AOI #6 - (vehicle #1 vs raised asphalt curb) was 6.5ft. R Station 1+53

22
23
24 AOI #7 - (vehicle #1 vs attenuators) was 45ft. R Station 1+95.5

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26
27 AOI #8 - (vehicle #5 vs attenuators) was 41ft. R Station 1+83.5

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CAUSE

Party #1 [REDACTED] was found to be at fault for this collision. Party #1 was in violation of section 22350 V.C. which states " no person shall drive a vehicle upon a highway at a speed greater than reasonable or prudent having due regard for weather, visibility, the traffic on, and the surface and width of, the highway, and in no event at a speed which endangers the safety of persons or property".

RECOMMENDATIONS:

I recommend that this report be forwarded to the Los Angeles City Attorney's Office and the following charge be considered for prosecution against Mr. [REDACTED] (P-1).

192(c)(2) P.C. - Vehicular Manslaughter

Vehicular Manslaughter: driving a vehicle in the commission of an unlawful act, not amounting to a felony, but without gross negligence; or driving a vehicle in the commission of a lawful act which might produce death, in an unlawful manner, but without gross negligence.

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MATTER #
FILE TYPE Customer Assistance Inquiry Report
FILE NAME [REDACTED]
CAIR # 6403322
DATE OF INCIDENT 10/27/1999
DATE OF NOTICE 10/29/1999
MODEL/MODEL YEAR 1998 Jeep Grand Cherokee (ZJ)
VIN 1J4FX48S7WC [REDACTED]
MILEAGE
OWNER [REDACTED]
[REDACTED] Northridge, California [REDACTED]
[REDACTED]
FIRE ALLEGED Yes
DESCRIPTION On October 27, 1999, [REDACTED] was operating his 1998 Jeep Grand Cherokee (ZJ) on northbound SR-170 (Hollywood Freeway) in Los Angeles with a posted speed limit of 65 mph. The Jeep Grand Cherokee (ZJ) was stopped in heavy traffic when it was struck in the rear by a Ford F-250 stake bed truck travelling at a high speed causing a chain reaction accident involving five vehicles. A fire ensued.
PROPERTY DAMAGE ALLEGED No
INJURIES 3
FATALITIES 1
ANALYSIS Based on the inspection of the 1998 Jeep Grand Cherokee (ZJ) and other available information, including the police accident report, Chrysler Group concludes that this was an extremely severe, high energy impact with the Ford F-250 stake bed truck striking the rear of the Jeep Grand Cherokee (ZJ) at a relative velocity in excess of 55 mph. The impact pushed the Jeep Grand Cherokee (ZJ) approximately 300 feet after impact and pushed the rear end of the Jeep Grand Cherokee (ZJ) forward to the rear axle. The rear axle was also pushed forward approximately six inches. The impact likely ruptured the fuel tank of the Jeep Grand Cherokee (ZJ) resulting in the fire. The extremely large mass of the Ford F-250 stake bed truck greatly increased the crash forces acting on the Jeep Grand Cherokee (ZJ). The severe damage to the rear of the Jeep Grand Cherokee (ZJ) is depicted in the photographs in Enclosure 4 Bates Nos. PE10-031-Chrysler-000217-218.