

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Lawsuits and Claims

Jeep Liberty (KJ)

Customer Assistance Inquiry Record (CAIR)#

13827658

VIN	1J4GL38K6	3W	Open Date	07/22/2005	Built Date	05/05/2003
Model Year	2003	Body	KJJM74	JEEP LIBERTY RENEGADE 4X4 SPORT UTILITY 4-DR		
In Service Dt	09/27/2003	Mileage	16,000	Dealer Zone	35	WASHINGTON
Plant	W	TOLEDO NORTH ASSEMBLY PLANT	Market	U	US	
Color	PX8	BLACK CLEAR COAT				
Engine	EKG	ENGINE - 3.7L POWER TECH V6				
Transmission	DG6	TRANSMISSION-4-SPD. AUTOMATIC, 42RLE				
Owner	[REDACTED]			Contact Type	TELEPHONE	
Address	[REDACTED]			Home Phone	[REDACTED]	
	BALTIMORE MD [REDACTED]			Country	UNITED STATES	

Referral - Tier Three - Default - Default - Default	Referred customer to special investigation for further research.
Corporate - Property Damage - Default - Default - Default	
Product - Unknown - Unknown - Accident - Default	
Product - Unknown - Unknown - Fire - Unknown	

Customer states that she had an accident and that her vehicle exploded.
 Customer would like to know what she should do.
 Consulted with ACM37. **Approved referring customer to DCCAC for discussion of Special Investigations issue.**
 Referred customer to DCCAC for discussion of Special Investigations issue.

 Owner calls and states on July 11, 2005 she was driving in Orlando FL on Interstate 4 when she was struck from behind.
 States the vehicle caught on fire and blew up.
 States she had total of 4 people in her vehicle. States one passenger burned had her hand burned.
 States no other injuries.
 States total of two vehicles were involved.
 States a State Trooper was there and she will call writer back with case number.
 States her insurance company is Allstate and will call writer back.
 States she will also call writer back with location of vehicle.
 Customer calling about above issue. Customer seeking updated information.
 Agent transferred customer to Special Investigations for further assistance.
 Allstate Insurance Claim # [REDACTED]
 Agent-Lori Allen 1-888-819-7905 ext 8254
 Location of vehicle: Boltons
 1110 Sixth St SW
 Winterhaven, FL
 1-863-299-9966
 Florida State Trooper: Polk County
 Incident # FHPC050FF073857
 Trooper- H.Rivera
 _07.23.2005
 Forwarded to 82t mrp
 7/22/05 assigned to rah21/jlg.
 CAIR NUMBER 13827658 REQUEST EAA INSPECTION 07-22-2005 14:53
 CAIR NUMBER 13827658 E-MAIL SENT TO EAA 07-22-2005 14:54
 07/25/2005: Sent Acknowledgement Letter (MW)
 PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 07/29/05 AT 06:00 13827658
 Denial Letter Sent: 7/29/2005 (MAnne)
 3/24/08 VCW2 updated cair image from pending to X.
 Image may not be available due to technical issue.



EA12-005- Chrysler -006265



EA12-005- Chrysler -006266



EA12-005- Chrysler -006267



EA12-005- Chrysler -006268



270587

A15
715
1164

[REDACTED]

FAC

© 2015 Chevrolet



EA12-005- Chrysler -006270



EA12-005 Chrysler 0062



EA12-005 Chrysler 0 372



EA12-005- Chrysler -006273



EA12-005- Chrysler -006274

6912908
A15
A15

EA12-005- Chrysler -006275



EA12-005- Chrysler -006276



EA12-005- Chrysler -006277



EA12-005- Chrysler -006278



69172908

EA12-005- Chrysler-006279



6912908

EA12-005- Chrysler -006280



EA12-005- Chrysler -006281



EA12-005- Chrysler -006282



EA12-005- Chrysler -006283



EA12-005- Chrysler -006284



EA12-005- Chrysler -006285



EA12-005- Chrysler -006286



EA12-06 Chrysler -006287



EA12-005- Chrysler



EA13 005 - Chrysler - 006289



A12-005 - Chrysler - 600



EA12-005- Chrysler -006291



EA12-005- Chrysler -006292



EA12-005- Chrysler -006293



EA12-005- Chrysler_006294



EA12-005-Chrysler-006295



EA12-005- Chrysler -006296



EA12-005- Chrysler -00-097



EA12-005- Chrysler -006298



EA12-005- Chrysler -006299



EA12-005- Chrysler -006300



Transportation Pickup Notice

** REPRINT ** Original Dispatch Date: 7/14/2005

Consignor Information

Order Number: 4965100
Name: ALLSTATE INSURANCE
Address: 740 CARILLON PKWY
ST PETERSBURG, FL [REDACTED]
Contact: [REDACTED]
Phone Number: (813) 760-3602

Auction Information

Auction Name: GREATER TAMPA BAY AUTO AU
Address: 401 S 50TH STREET
TAMPA, FL 33619
Contact: KIMBERLY MATTHEWS
Phone Number: [REDACTED]
Fax Number: (813) 247-1714

Transportation Agency

Number:
Name:

Vehicle Information

VIN: 1J-GL38K63W [REDACTED]
Year: 2003
Make: JEEP
Model: LIBERTY 4X4
Color:
Lesse: TUREK DOI 701
Acct Number: [REDACTED]

Pickup Location

COLTON'S TOWING SERVICE
HWY 27 W
CITY, FL 33844

Delivery Location

Location Name: GREATER TAMPA BAY AUTO AU
Address: 401 S 50TH STREET
TAMPA, FL 33619
Contact: KIMBERLY MA
Phone Number: [REDACTED]

Notes to Transporter

EA12-005- Chrysler -00630

Office DEPOT

1-888-GO-DEPOT
(1-888-463-3768)

www.officedepot.com

CAIR

13827658

EA12-005- Chrysler -006302



EA12-005- Chrysler -006303



EG12-005-Chrysler-006304



EA12-005-Chrysler-006305



EA12-005- Chrysler -006-06



EA12-005- Chrysler -006367



EA12-005- Chrysler -006308



EA12-005- Chrysler-006309



EA12-005- Chrysler -006310



EA12-005- Chrysler -006311



EA12-005- Chrysler -006312



EA12-005- Chrysler -006313



EA12-005- Chrysler -006314



EA12-005- Chrysler -006315



EA12-005- Chrysler -006316



EA12-005- Chrysler -006317



EA12-005- Chrysler -006318



EA12-005- Chrysler-006319



EA12-005- Chrysler -006320



EA12-005- Chrysler -006321

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0537

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	7/11/2005	02:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2:37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2:52 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	FHPC05OFF073857	73791976
	COUNTY / CITY CODE	FEET or MILE(S)	CITY OR TOWN			COUNTY
	05 / 00	9 <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W	HAINES CITY			Polk
AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	ON STREET, ROAD OR HIGHWAY		
			4	SR 400		
AT THE INTERSECTION OF (street, road or highway) or FEET	MILE(S)	FROM INTERSECTION OF (street, road or highway)				
	3 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	SR 25				


DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	
	03	95	NISS	01	01	[REDACTED]	FL	1N4AB41D8S0	
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE								

Vehicle	VEHICLE TRAVELING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W			65	55	\$ 1,000	01		01
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Relation List 2 Tow Owner's Request		3 Driver 4 Other
	GEICO		[REDACTED]		BOLTONS				01
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		
	<input type="checkbox"/>		[REDACTED]		TAMPA FL		[REDACTED]		

NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME OF MOTOR CARRIER (Commercial vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH
[REDACTED]	[REDACTED]	TAMPA FL	[REDACTED]

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INI.	S. EQUIP.	EJECT.
[REDACTED]	FL	5	3	1 Blood 3 Urine 5 Nons 2 Breath 4 Refused	02	127	2	1	2	3	1	2	4
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 Yes 2 No	2	2			1 Yes 2 No	2		2					

DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	
	03	03	JEEP	03	01	[REDACTED]	MD	1J4GL38K63W	
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE								

Vehicle	VEHICLE TRAVELING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W			55	55	\$ 1,000	01		08
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Relation List 2 Tow Owner's Request		3 Driver 4 Other
	ALL STATE		[REDACTED]		BOLTONS				01
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		
	<input checked="" type="checkbox"/> SAME AS DRIVER		[REDACTED]		[REDACTED]		[REDACTED]		

NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME OF MOTOR CARRIER (Commercial vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH
[REDACTED]	[REDACTED]	BALTIMORE MD	[REDACTED]

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INI.	S. EQUIP.	EJECT.
[REDACTED]	MD	5	3	1 Blood 3 Urine 5 Nons 2 Breath 4 Refused	05		1	1	3	1	2	1	2
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 Yes 2 No	2	2			1 Yes 2 No	2		2					

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
	01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Tractor (Cab-Boat) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 - Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County Of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown DL TYPE: 1 A 2 B 3 C RACE: 1 White 2 Black 3 Hispanic SEX: 1 Male 2 Female REQUIRED ENDORSEMENTS: 1 Yes 2 No 3 No Endorsement Required	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY: 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results SAFETY EQUIPMENT IN USE: 1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Incapacitating 5 Not Worn - Deployed 6 Not Worn - Not Deployed 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Trunk 8 Bus Passenger 9 Other EJECTED: 1 No 2 Yes 3 Partial

EA-2002-Not Notifier-006322

Section

DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 22 Trailer		
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE						SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREAS:		
VEHICLE TRAVELING	ON AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE						
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List	3 Driver						
NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS						
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH						
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG PHYS. DEF.	RES.	RACE	SEX	INI.	S-EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX (IN PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND)			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.				
1 Yes 2 No	1 Yes 2 No				1 Yes 2 No		1 Yes 2 No					

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 1							
# 2							

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 01 No Improper Driving / Action 02 Careless Driving (Explain in Narrative) 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	VEHICLE DEFECTS 01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative) POINT OF COLLISION 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane WORK AREA 01 None 02 Nearby 03 Entered	VEHICLE MOVEMENT 01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lane 07 Entering / Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn PEDESTRIAN ACTION 01 Crossing No/Let 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 Working In Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain in Narrative) 88 Unknown
VEHICLE SPECIAL FUNCTIONS 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other	LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country	LIGHTING CONDITION 01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown

FIRST / SUBSEQUENT HARMFUL EVENT(S) 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 (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision with MV on 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 Sign / Sign 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 / Abutment / Rail 22 MV Hit Tree / Shrubbery 23 Collision with Construction Barricade/Sign 24 Collision with Traffic Gale 25 Collision with Crash Attenuators 26 Collision with Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision with Moveable Object on Road 29 MV Ran Into Ditch / Culvert 30 Ran off Road Into Water 31 Overturned 32 Occupant Fall From Vehicle 33 Tractor / Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runaway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain in Narrative)	ROAD SYSTEM IDENTIFIER 01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 08 Private Roadway 77 All Other (Explain in Narrative)	ROAD SURFACE / CONDITION 01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain in Narrative) WEATHER 01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative) ROAD SURFACE TYPE 01 Slag / Gravel / Stone 02 Blacktop 03 Brick / Block 04 Concrete 05 Dirt 77 All Other (Explain in Narrative)
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ROAD CONDITIONS AT TIME OF CRASH 01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Materials 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Unsafe Paved Edge 08 Sliding Water 09 Worn / Polished Road Surface 77 All Other (Explain in Narrative)	VISION OBSTRUCTED 01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain in Narrative)	TRAFFIC CONTROL 01 No Control 02 Special Speed Zone 03 Speed Control Sign 04 School Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Railroad Signal 10 Officer / Guard / Flagman 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain in Narrative)
SITE LOCATION 01 Not At Intersection / RR Xing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 12 Toll Booth 13 Public Bus Stop Zone 77 All Other (Explain in Narrative)	TRAFFICWAY CHARACTER 1 Straight-Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb	

Violator(s)	SECTION # 1	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE
	1	[REDACTED]	322.34.5	WHILE SUSP/CANC/REVOKED-HABITUAL O
	1	[REDACTED]	316.193.1	DRIVING UNDER THE INFLUENCE (DUI)
	1	[REDACTED]	316.1925.1	CARELESS DRIVING
				EA12-005- Chrysler -006323

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 7/11/2005	COUNTY / CITY CODE 05 / 00	INVEST. AGENCY REPORT NUMBER FHPC05OFF073857	HSMV CRASH REPORT NUMBER 73791976
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(NARRATIVE)

V-1 AND V-2 WHERE TRAVELING WEST IN THE OUTSIDE LANE OF SR 400. V-2 SLOWED FOR TRAFFIC AHEAD. V-1'S FRONT STRUCK V-2'S REAR. ON IMPACT V-2 WAS PUSHED TO THE NORTH SHOULDER WHERE IT COUGHT ON FIRE. V-1 CAME TO FINAL REST ON IMPACT.

CONTRIBUTING CAUSES: CARELESS DRIVING; D-1 FAILED TO MAINTAIN CONTROL OF HIS VEHICLE.

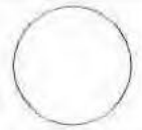
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
1	00	NO PASSENGER										
2	01	[REDACTED]	[REDACTED]	QUEENS NY	[REDACTED]	[REDACTED]	3	1	3	2	2 4	1
2	02	[REDACTED]	[REDACTED]	RICHMOND HILL NY	[REDACTED]	[REDACTED]	3	2	6	1	2	1
2	03	[REDACTED]	[REDACTED]	RICHMOND HILL NY	[REDACTED]	[REDACTED]	3	1	4	1	2	1
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

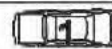
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME: POLK CO EMS	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	02	INJURED TAKEN TO:	BY - NAME:
WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO	1 1	IS INVESTIGATION COMPLETE? 1 YES 2 NO	1 1	DATE OF REPORT 7/11/2005
IF NO, THEN WHERE?	IF NO, THEN WHY?	PHOTOS TAKEN? 1 YES 2 NO	2	IF YES, BY WHOM? 1 INVEST. AGENCY
INVESTIGATOR - RANK & SIGNATURE TRP,H RIVERA	ID / BADGE NUMBER 2416/	DEPARTMENT FLORIDA HIGHWAY PATROL	FHP SO CPD OTHER	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DIAGRAM



INDICATE NORTH
WITH ARROW



SR 400
12'LANE
0%GRADE

EA12-005- Chrysler -006325

MATTER # 1158445
FILE TYPE Customer Assistance Inquiry Report and Legal Claim
FILE NAME [REDACTED]
CAIR # 13827658
DATE OF INCIDENT 07/11/2005
DATE OF NOTICE 07/22/2005
MODEL/MODEL YEAR 2003 Jeep Liberty (KJ)
VIN 1J4GL38K63W [REDACTED]
MILEAGE 16,000
OWNER [REDACTED]
[REDACTED]
[REDACTED]
Baltimore, MD [REDACTED]
[REDACTED]
COURT
DOCKET #
FIRE ALLEGED Yes
DESCRIPTION On July 11, 2005, a 2003 Jeep Liberty (KJ) operated by [REDACTED] was westbound on I-4 in Haines City, Florida. The posted speed limit at the site of the accident was 65 mph. According to an interview of the Jeep Liberty (KJ) driver,¹ traffic was being funneled down from three lanes to one. [REDACTED] stated she was travelling at approximately 50 mph when a Nissan passenger car (unknown model and model year) struck the rear of the Jeep Liberty (KJ) at a high rate of speed, causing the Jeep Liberty (KJ) to travel onto the north shoulder of I-4 where it came to rest. A fire in the Jeep Liberty (KJ) ensued. The police accident report estimated the travel speed of the Nissan passenger car at impact at 65 mph. The driver of the Nissan was cited for careless driving and failure to maintain control of the vehicle.
PROPERTY DAMAGE ALLEGED No
INJURIES 1
FATALITIES 0
ANALYSIS Based on an inspection of the 2003 Jeep Liberty (KJ) and other available evidence, including the police accident report, driver interview and vehicle photographs, Chrysler Group estimates that the

¹ An interview was conducted at the request of counsel in anticipation of litigation and the report is being withheld under a claim of attorney work-product privilege.

impact of the Nissan passenger car with the rear of the Jeep Liberty (KJ) occurred at a relative velocity of 15 mph or greater. The inspection of the Jeep Liberty (KJ) revealed that the fuel tank straps of the Jeep Liberty (KJ) tore loose at both rear mounting points. Chrysler Group concludes that the fire began in the rear of the Jeep Liberty (KJ) but cannot identify the cause of the fire because the fuel tank was completely destroyed.² The damage to the rear of the Jeep Liberty (KJ) is depicted in the photographs in Enclosure 3 Public, Bates page numbers EA12-005 – Chrysler – 006275, 6277 and 6280.

² An inspection was conducted at the request of counsel in anticipation of litigation and the report is being withheld under a claim of attorney work-product privilege.

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Lawsuits and Claims

Jeep Liberty (KJ)

Customer Assistance Inquiry Record (CAIR)#

14155831

VIN	1J4GL48K5	4W	Open Date	10/13/2005	Built Date	07/29/2003
Model Year	2004	Body	KJH74	JEEP LIBERTY SPORT 4X4 SPORT UTILITY 4-DR		
In Service Dt	11/18/2003	Mileage	30,000	Dealer Zone	32	NEW YORK
Plant	W	TOLEDO NORTH ASSEMBLY PLANT	Market	U	US	
Color	PJC	LIGHT KHAKI METALLIC CLEAR COAT				
Engine	EKG	ENGINE - 3.7L POWER TECH V6				
Transmission	DG6	TRANSMISSION-4-SPD. AUTOMATIC, 42RLE				
Dealer	68269	FX CAPRARA JEEP				
Dealer Address	18476 US ROUTE 11					
Dealer City	WATERTOWN			Dealer State	NY	Dealer Zip 13601
Owner	[REDACTED]				Contact Type	E-MAIL
Address	[REDACTED]				Home Phone	[REDACTED]
	MOIRA NY [REDACTED]				Country	UNITED STATES

Corporate - Other - Default - Default - Default	Customer states that his jeep exploded upon 40 mph rear impact.
Referral - Tier Three - Default - Default - Default	Referred customer to Tier Three for further assistance.
Corporate - Property Damage - Default - Default - Default	
Product - Unknown - Unknown - Accident - Default	
Product - Unknown - Unknown - Fire - Unknown	

***** EMAIL BRIEF DESCRIPTION CONTENT *****

my jeep exploded upon rear impact

***** END EMAIL BRIEF DESCRIPTION CONTENT *****

i need some satisfaction from chrysler on why my 2004 l berty exploded on 40mph rear impact thank god my wife and 2 kids got out before they burnt to death this is not something that has happened since the ford pinto problem this problem needs to be addressed before someone gets killed. this liberty burnt from bumper to bumper there is literally nothing left to this liberty we need something done about this problem when i bought this jeep for my wife i thought i was putting her into a safe ride but we found out differently someone please responed to this letter [REDACTED]

*****END OF RESPONSE*****

Transferred customer to Tier Three for further research.
 (left message for owner at 1:50pm requesting return call so writer can obtain information pertaining to the event for legal review....lrm
 left another message for owner at 11:45 am asking for return call....lrm
 Spoke to owner and will need to obtain further info as vehicle has been totalled and taken by insurance company..will obtain info tomorrow...lrm
 **** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

Vehicle exploded into flames after rear end impact
 Description of the incident (what, when, where, injuries, etc)
 Incident occurred on 9/30 while wife and kids were in vehicle...Jeep was at a stop when it was rear ended at about 40 mph...the gas tank caught fire but wife and kids got out before rest of vehicle was in flames...no injuries other than bruises...only the two vehicles were involved.

Has the owners insurance company been contacted ?

YES

If yes provide name/policy number and phone number

Insured with New York Central Mutual...Claim# [REDACTED]

Contact agent is Crystal Ingle at 518 843-8176

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

Vehicle is at Salvage Management located at 8459 Brewerton Road in Cicero, NY in LOT B38 Ph# 315 699-2622

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

Yes, Jeep was declared a total loss...condition of other vehicle unknown

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

Bombay New York Fire Department was involved in putting out the fire

Malone New York Police Department, Troop B (Ph# 518 483-5000) the report number has not yet been obtained

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

Owner alleges vehicle exploded into flames after rear end collision.....

referring to Special Investigations for further handling.....ltn

10/19/05....FIRE/EXPLOSION FORWARDED TO 82T.

10/20/05 vehicle location zip code 13039 jlg.

_10/20/05 assigned to kwk3/jlg.

CAIR NUMBER 14155831 REQUEST EAA INSPECTION 10-20-2005 11:02

CAIR NUMBER 14155831 E-MAIL SENT TO EAA 10-20-2005 11:03

10/21/2005: Sent acknowledgement letter. (JM)

Inspection Requested: 10/20/2005 (JMedina)

Denial Letter Sent: 11/1/2005 (JMedina)

3/28/08 VCW2 updated cair image from pending to X.

Image may not be available due to technical issue.

From: [REDACTED]
To: customerassist@daimlerchrysler.com
Date: Wed Oct 12 21:15:12 EDT 2005
Subject: DaimlerChrysler Customer Assistance
Form Selected:

Category: US Customer Service
Brief Description:

my jeep exploded upon rear impact

Comments:

i need some satisfaction from chrysler on why my 2004 liberty exploded on 40mph rear impact thank god my wife and 2 kids got out before they burnt to death this is not something that has happened since the ford pinto problem this problem needs to be addressed before someone gets killed. this liberty burnt from bumper to bumper there is literly nothing left to this liberty we need somthing done about this problem when i bought this jeep for my wife i thought i was putting her into a safe ride but we found out differently someone please responed to this letter [REDACTED]

Sender Information:

Title: [REDACTED]
First Name: [REDACTED]
Middle Initial: [REDACTED]
Last Name: [REDACTED]



EA12-005- Chrysler -005908



EA12-005- Chrysler -005909



EA12-005- Chrysler -005910



EA12-005- Chrysler -005911



EA12-005- Chrysler -005912



EA12-005- Chrysler -005913





EA12-005- Chrysler -005914



EA12-005- Chrysler -005915



EA12-005- Chrysler -005916



EA12-005- Chrysler -005917



EA12-005- Chrysler -005918



EA12-005- Chrysler -005919



EA12-005- Chrysler -005920



EA12-005- Chrysler -005921



EA12-005- Chrysler -005922



EA12-005- Chrysler -005923



14GL48K34W [REDACTED]

EA12-005- Chrysler -005924

1J4GL48K54W [REDACTED]

EA12-005- Chrysler-005925



EA12-005- Chrysler -005926



EA12-005- Chrysler -005927



EA12-005- Chrysler -005928



EA12-005- Chrysler -005929



EA12-005- Chrysler -005930



EA12-005- Chrysler -005931



EA12-005- Chrysler -005932



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EA12-005- Chrysler -005935



EA12-005- Chrysler -005936



EA12-005- Chrysler -005937



EA12-005- Chrysler -005938



EA12-005- Chrysler -005939



FA12-005-Chrysler-PT



EA12-005- Chrysler -00537



EA12-005- Chrysler -005942



EA12-005- Chrysler -005943



EA12-005- Chrysler -005944



EA12-005- Chrysler -005945



EA12-005- Chrysler -005946



EA12-005- Chrysler -005947



EA12-005- Chrysler -005948



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EA12-005- Chrysler -005950



EA12-005- Chrysler -005951



EA12-005- Chrysler -005952



EA12-005- Chrysler -005953



EA12-005- Chrysler -005954



EA12-005- Chrysler -005955



EA12-005- Chrysler -005956



EA12-005- Chrysler -005957



EA12-005- Chrysler -005958



EA12-005- Chrysler -005959



EA12-005- Chrysler -005960



EA12-005- Chrysler -005961



EA12-005- Chrysler -005962



EA12-005- Chrysler -005963



EA12-005- Chrysler -005964



EA12-005- Chrysler -005966

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

Local Codes
SJS#1247522
SPPJ93000211

AMENDED REPORT

MV-104A (6/04)

1	Accident Date Month: 9 Day: 30 Year: 2005	Day of Week Friday	Military Time 07:51	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20			
	VEHICLE 1				<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						9		
2	VEHICLE 1- Driver License ID Number: [REDACTED] Driver Name - exactly as printed on license: [REDACTED]				State of Lic. NY		VEHICLE 2- Driver License ID Number: [REDACTED] Driver Name - exactly as printed on license: [REDACTED]				State of Lic. NY		21
	Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED]				Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED]						22		
3	City or Town: FORT COVINGTON State: NY Zip Code: [REDACTED]				City or Town: MOIRA State: NY Zip Code: [REDACTED]						-		
7	Date of Birth: [REDACTED] Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 01 Public Property Damaged: <input checked="" type="checkbox"/>				Date of Birth: [REDACTED] Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 03 Public Property Damaged: <input type="checkbox"/>						23		
4	Name - exactly as printed on registration: [REDACTED] Sex: M Date of Birth: [REDACTED]				Name - exactly as printed on registration: [REDACTED] Sex: M Date of Birth: [REDACTED]						2		
1	Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED]				Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED]						24		
5	City or Town: FORT COVINGTON State: NY Zip Code: [REDACTED]				City or Town: MOIRA State: NY Zip Code: [REDACTED]						2		
1	Plate Number: [REDACTED] State of Reg. NY Vehicle Year & Make: 1997 PLYM	Vehicle Type: 4DSD Ins. Code: 011	Plate Number: [REDACTED] State of Reg. NY Vehicle Year & Make: 2004 JEEP						Vehicle Type: 4DSD Ins. Code: 240	25			
6	Violation Section(s): 1180A				Violation Section(s):						1		
7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				26
1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: [REDACTED] Box 2 - Most Damage: [REDACTED]				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: [REDACTED] Box 2 - Most Damage: [REDACTED]				ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.				8
1	Enter up to three more damage codes: [REDACTED]				Enter up to three more damage codes: [REDACTED]				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27
1	Vehicle By: O AND A GARAGE Towed To: O AND A GARAGE				Vehicle By: GRIFFIN AUTO Towed To: GRIFFIN AUTO				9.				28
1	Reference Marker: [REDACTED] Coordinates (if available): [REDACTED]				Place Where Accident Occurred: County: FRANKLIN <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> of FORT COVINGTON Road on which accident occurred: CR-1 (Route Number or Street Name) at 1) intersecting street: [REDACTED] or 2) [REDACTED] -4 [REDACTED] of FOSTER RD (T/R) (Route Number or Street Name)								29
1	Accident Description/Officer's notes: V-1 TRAVELING NORTHEAST ON CR-1 FAILS TO OBSERVE V-2 STOPPED TO TURN INTO SCHOOL DRIVEWAY AND STRIKES SAME IN REAR. V-2 BURSTS INTO FLAMES. FRANKLIN COUNTY HIGHWAY DEPT NOTIFIED OF DAMAGES TO ROADWAY. PROPERTY DAMAGED BY VEHICLE #01- ROADWAY COUNTY FRANKLIN 14981 SR-30 MALONE, NY 12953										30		

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	A	1	17	M	05	12	6	9997	1602	[REDACTED]	
B	2	1	4	1	34	F	06	12	5	9997	1602	[REDACTED]	
C	2	3	4	1	12	M	-	-	-			[REDACTED]	
D	2	4	4	1	7	F	-	-	-			[REDACTED]	
E													
F													

Officer's Rank and Signature TROOPER <i>J M Gwin</i>	Badge/ID No. 5168	NCIG No. 10905	Precinct/Post Troop/Zone B1	Station/Boat Sector 22	Reviewing Officer ISLAS, T	Date/Time Reviewed 11/10/2005 11:17	Print Name in Full J M Gwin
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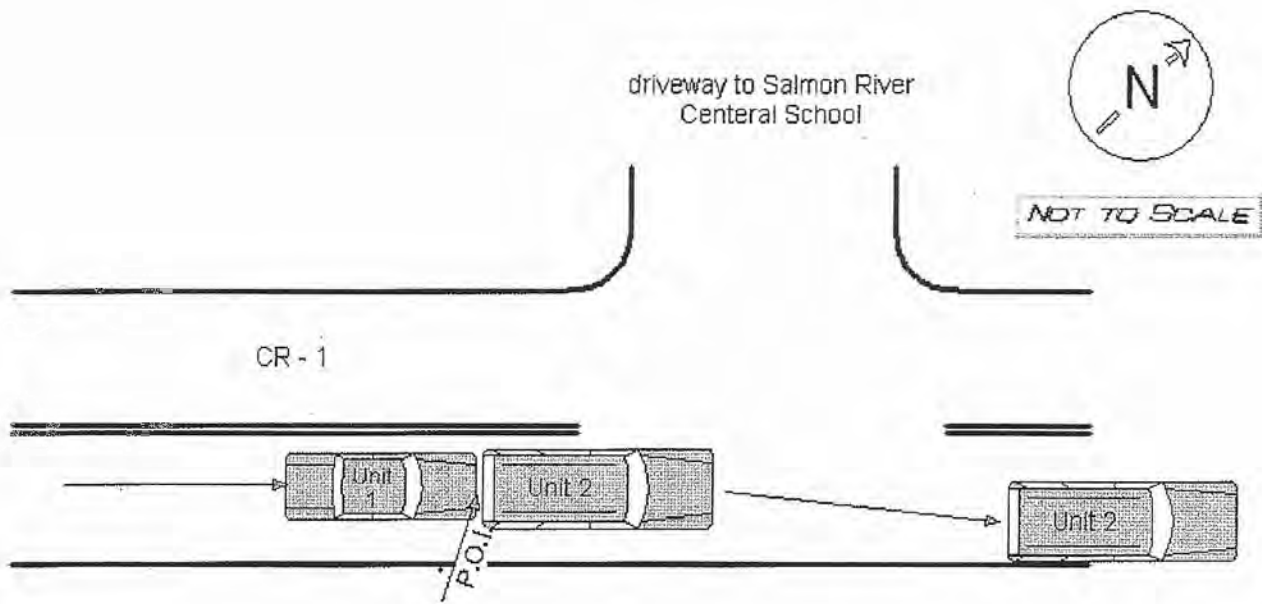
Local Codes
SJS#1247522
SPPJ93000211

POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
9	30	2005	Friday	07:51	2	2	0			



MATTER # 1161999
FILE TYPE Customer Assistant Inquiry Report, Legal Claim, and VOQ 10138726
FILE NAME [REDACTED]
CAIR # 14155831
DATE OF INCIDENT 09/30/2005
DATE OF NOTICE 10/13/2005
MODEL/MODEL YEAR 2004 Jeep Liberty (KJ)
VIN 1J4GL48K54W [REDACTED]
MILEAGE 30,000
OWNER [REDACTED]
[REDACTED]
Moira, NY [REDACTED]
[REDACTED]
COURT
DOCKET #
FIRE ALLEGED Yes
DESCRIPTION On September 30, 2005, a 2004 Jeep Liberty (KJ), operated by [REDACTED] was travelling northeast on C.R. 1 in Fort Covington, New York near the intersection with Foster Road. The Jeep Liberty (KJ) was stopped preparing to turn left into a school when a 1997 Plymouth Neon, operated by [REDACTED], failed to observe the Jeep Liberty (KJ) and struck it in the rear. Based on an interview by DaimlerChrysler Corporation with the owner of the Jeep Liberty (KJ), [REDACTED], the Plymouth Neon was travelling at approximately 35-40 mph at the time of the collision. A fire ensued in the rear of the Jeep Liberty (KJ).
PROPERTY DAMAGE ALLEGED No
INJURIES 0
FATALITIES 0
ANALYSIS Based on an inspection of the 2004 Jeep Liberty (KJ) and other available information, including the police accident report and an interview of the owner of the Jeep Liberty (KJ), the relative velocity of the Plymouth Neon at impact with the Jeep Liberty (KJ) was approximately 35-40 mph. This is based on the Jeep Liberty (KJ) owner's statement to an investigator from DaimlerChrysler Corporation.¹ Based on the inspection of the Jeep Liberty (KJ),

¹ An interview of the vehicle owner was conducted at the request of counsel in anticipation of litigation and the report is being withheld under a claim of attorney work-product privilege.

Chrysler Group has concluded that a fire occurred in the vehicle but cannot determine whether the fuel tank was ruptured or that the origin of the fire was at the fuel tank because the fuel tank was no longer available. The inspection revealed that the right corner of the bumper was pushed inward 1-2 inches and the right fuel tank stop was detached at the forward end.² The damage to the rear of the Jeep Liberty (KJ) is depicted in the photographs in Enclosure 3 Public, Bates page numbers EA12-005 – Chrysler – 005918 and 005921.

² A vehicle inspection was conducted at the request of counsel in anticipation of litigation and the report is being withheld under a claim of attorney work-product privilege.

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Lawsuits and Claims

Jeep Liberty (KJ)

Customer Assistance Inquiry Record (CAIR)#

11981869

VIN	1J4GK48KX	4W	Open Date	01/16/2004	Built Date	08/25/2003
Model Year	2004	Body	KJTH74	JEEP LIBERTY SPORT 4X2 SPORT UTILITY 4-DR		
In Service Dt	10/20/2003	Mileage	3,000	Dealer Zone		
Plant	W	TOLEDO NORTH ASSEMBLY PLANT	Market	U	US	
Color	PJC	LIGHT KHAKI METALLIC CLEAR COAT				
Engine	EKG	ENGINE - 3.7L POWER TECH V6				
Transmission	DGB					

Owner		Contact Type	TELEPHONE
Address		Home Phone	
	PHOENIX AZ	Country	UNITED STATES

Product - Unknown - Unknown - Fire - Underbody Fire	fire from accident
Product - Unknown - Unknown - Accident - Default	
Product - Unknown - Unknown - Fire - Unknown	

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

Owner Alleges:

NO ANSWER PROVIDED BY AGENT

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

NO ANSWER PROVIDED BY AGENT

Has the owners insurance company been contacted ?

NO ANSWER PROVIDED BY AGENT

If yes provide name/policy number and phone number

NO ANSWER PROVIDED BY AGENT

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?

NO ANSWER PROVIDED BY AGENT

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

NO ANSWER PROVIDED BY AGENT

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

Original owner seeks to inform DaimlerChrysler that he was in an accident and the vehicle caught fire. Caller states that accident occurred on HWY 101 south. States that he was traveling 60MPH and so was the vehicle that caused the accident when they hit head on. Caller states that the vehicle was leaking gasoline and then caught fire on the rear of the vehicle near the filler neck side. Caller states that he suffered some bruising from the crash, but the driver of the other vehicle died at the scene. States that he has contacted the insurance company Nation Wide. Agents name Naomi Lomei policy # [REDACTED]. Phone 480-922-5006. Caller states that vehicle has been towed to Cactus Towing 261 East 10th drive Mesa Arizona Phone 480-833-7278, Police report has been filed. No report number at this time.

PER OGC MATRIX, FORWARDED TO 82T. JSS15.

assigned to rap99

_acknowledgement letter sent.

Inspection Requested: 1/21/04

Inspection Conducted: 1/26/04

Inspection Report Received: 1/27/04

Denial Letter Sent: 3/11/04

Photos provided by OGC manually loaded on 03/26/04



EA12-005- Chrysler -006140



EA12-005- Chrysler -006141



EA12-005- Chrysler -006142



EA12-005- Chrysler -006143



EA12-005- Chrysler -006144

A close-up photograph of a metal component, likely a part of a vehicle's chassis or suspension system. The component features a ribbed section on the left and a smooth section on the right. The surface is metallic and shows signs of wear and discoloration. A small hole is visible on the smooth section.

EA12-005- Chrysler -006145

48KX4W

EA12-005- Chrysler -006146



EA12-005- Chrysler -006147



EA12-005- Chrysler -006148



EA12-005-Crysler-006149



EA12 05- Chrysler -006150



EA12-005- Chrysler -006151



EA12-005- Chrysler -006152



EA12-005- Chrysler -006153



EA12-005- Chrysler -006154



EA12-005- Chrysler -006155

FEB 17 2004 6 06

ADOT USE ONLY

ARIZONA TRAFFIC ACCIDENT REPORT *REPORT ID

1 POLICE ONLY - FORWARD COPY TO: ADOT TRAFFIC RECORDS SECTION 0648 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

2 Total Units 5 Total Injuries 2 Total Fatalities 1 Estimated Total Damage Compared to Limit Over Fatal Govt. Prop. Persons Transported for Immediate Medical Care? District or Grid No. 0 0 0 0

3 LOCATION On Highway/Road/Street S.R. 101 Intersecting Street, Road / M.P. or R.P. Inside City Outside Tempe Maricopa

4 TRAFFIC UNIT NO. 1 State Class End DL# SSN BOTH Driver Name AZ D [redacted] City Chandler AZ [redacted]

4 TRAFFIC UNIT NO. 2 State Class End DL# SSN BOTH Driver Name AZ D [redacted] City Phoenix AZ [redacted]

4 TRAFFIC UNIT NO. 3 State Class End DL# SSN BOTH Driver Name AZ U [redacted] City Tempe AZ [redacted]

5 PASSENGERS Seating Position 10 Not in Passenger Compartment 11 Motorcycle, Bus 12 Other 13 Unknown 14 Pedalcyclist

6 Other Property Damage Owner's Name Address City State Telephone Number

7 WITNESSES Name Address City State Telephone Number Age

8 Photos Taken? Yes No Photographer's Name D. Parkins ID Number 3770 Agency Name Az.D.P.S.

D. Latham 4082 2/12/04

ARIZONA TRAFFIC ACCIDENT REPORT

*REPORT ID

Agency Report Number

POLICE ONLY - FORWARD COPY TO: ADOT TRAFFIC RECORDS SECTION 0649 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

YEAR MONTH DAY 2004/01/15

HOOR 13 29

NCIC NO. 0799

OFFICER ID NO. 04722

2004-003998

Total No. of Sheets 2

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

Total Units 5 Total Injuries 2 Total Fatalities 1 Estimated Total Damage Compared to Limit Over Under Fatal Hit/Run Govt. Prop. Persons Transported for Immediate Medical Care? Tow Away at Least One (1) Vehicle from Scene? District or Grid No. 0 0 0 0

LOCATION On Highway/Road/Street S.R. 101 Intersecting Street, Road / M.P. or R.P. Inside City Outside Tempo Maricopa

State Class End DL# SSN BOTH Driver Name AZ D [redacted] City Mesa State AZ Zip Code [redacted] Telephone Number (w/Area Code) [redacted]

TRAFFIC UNIT NO. Body Style VAN Make Plymouth Color Silver Year 93 VIN 2P4GH2535PR Safety Device Code 3

Removed to Mesa Disabled Cactus Towing Orders of Officer [redacted] Posted Speed Limit 65 Otc Est Speed 55

State Class End DL# SSN BOTH Driver Name CA [redacted] City Burbank State CA Zip Code [redacted] Telephone Number (w/Area Code) [redacted]

TRAFFIC UNIT NO. Body Style 2-door Make Ford Color Black Year 96 VIN 1FALP4048TF Safety Device Code 3

Removed to Mesa Disabled Cactus Towing Orders of Officer [redacted] Posted Speed Limit 65 Otc Est Speed 65

State Class End DL# SSN BOTH Driver Name [redacted] City [redacted] State [redacted] Zip Code [redacted] Telephone Number (w/Area Code) [redacted]

TRAFFIC UNIT NO. Body Style [redacted] Make [redacted] Color [redacted] Year [redacted] VIN [redacted] Safety Device Code [redacted]

Removed to [redacted] Disabled [redacted] Cactus Towing Orders of [redacted] Posted Speed Limit [redacted] Otc Est Speed [redacted]

Seating Position 10 Not in Passenger Compartment 11 Motorcycle, Bus 12 Other 13 Unknown 14 Pedalcyclist Safety Devices 1 - None used 2 - Lap belt 3 - Lap & shoulder 4 - Airbag deployed 5 - Child restraint 6 - Protective helmet 7 - Passive belt 8 - Passive & lap 9 - Other 0 - Unknown Injury Severity Codes: 1 - No injury 2 - Possible injury 3 - Non Incapacitating injury 4 - Incapacitating injury 5 - Fatal injury 6 - Not Reported / Unknown

Table with 10 columns: Unit No., Seat No., Srt. Dev., Name, Address, City, State, Zip Code, Age, Sex, Inj. Sev. Rows include passengers from Mesa and Tempe.

Other Property Damage 6 Owner's Name Address City State Telephone Number (w/Area Code)

WITNESSES 7 Name Address City State Telephone Number (w/Area Code) Scottsdale AZ

8 Photos Taken Yes No Photographer's Name D. Parkins ID Number 3770 Agency Name Az. D.P.S. Investigation at Scene Yes No Date Investigated 01/15/2004 Time Investigated 14:00

Officers Signature F.W. Mueller Badge No. 4722 Agency Name EA12-005- Chrysler -00615 Date Completed 01/29/2004 Arizona Department of Public Safety

9 - DIAGRAM

2004-003998

10 - INDICATE NORTH



11 - SKIDDING OCCURRED

		VEHICLE	
YES	NO	4	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12 - CITATIONS

UNIT NO. A R S NO OR CITY CODE

14 - PRIOR ACTION

YES NO RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT
 RIGHT LEFT UNIT NO. 1

15 - MANNER OF COLLISION

- CHECK ONLY ONE (1)
- 1 SINGLE VEHICLE
 - 2 ANGLE
 - 3 LEFT TURN
 - 4 RIGHT TURN
 - 5 U-TURN
 - 6 REAR-END
 - 7 HEAD-ON
 - 8 SIDESWIPE (SAME DIRECTION)
 - 9 SIDESWIPE (OPPOSITE DIRECTION)
 - 10 BACKING
 - 11 NONCONTACT MOTORCYCLE
 - 12 NON CONTACT NON-MOTORCYCLE
 - 13 PEDESTRIAN
 - 14 PEDALCYCLE
 - 15 OTHER

13 - DESCRIBE WHAT HAPPENED

INJURED TAKEN TO / BY

16 - LIGHT CONDITION

- CHECK ONLY ONE (1)
- 1 DAYLIGHT
 - 2 DAWN OR DUSK
 - 3 DARKNESS

YES NO

- 1 STREET LIGHT
- 2 STREET LIGHT FUNCTIONING

17 - WEATHER CONDITIONS

CHECK ONLY ONE (1)

- 1 CLEAR
- 2 CLOUDY
- 3 SLEET / HAIL
- 4 RAIN
- 5 SNOW
- 6 SEVERE CROSSWINDS
- 7 BLOWING SAND, SOIL, DIRT, SNOW
- 8 FOG, SMOG, SMOKE

18 - ROAD SURFACE TYPE

CHECK ONLY ONE (1)

- 1 ASPHALT
- 2 CONCRETE
- 3 GRAVEL
- 4 DIRT
- 5 OTHER

19 - TYPE OF LOCATION

CHECK ONLY ONE (1)

- 1 INTERSECTION
- 2 JUNCTION AREA
- 3 NON-JUNCTION AREA
- 4 DRIVEWAY ACCESS
- 5 ALLEY ACCESS
- 6 ALLEY

20 - INTERSECTION RELATED

CHECK ONLY ONE (1)

- 1 YES
- 2 NO

21 - SPECIAL CONDITION

CHECK ONLY ONE (1)

- 1 SCHOOL CROSSING
- 2 PEDESTRIAN CROSSWALK (STRIPED)
- 3 PEDESTRIAN CROSSWALK (NO STRIPING)
- 4 BRIDGE
- 5 TUNNEL
- 6 RR CROSSING
- 7 GORE AREA
- 8 BIKE PATH
- 9 2-WAY LEFT TURN LANE

22 - UNUSUAL ROAD CONDITION

CHECK ONLY ONE (1)

- 1 UNDER CONSTRUCTION, TRAFFIC ALLOWED
- 2 UNDER CONSTRUCTION, NO TRAFFIC ALLOWED
- 3 UNDER REPAIRS
- 4 HOLES, RUTS, BUMPS
- 5 OBSTRUCTION - OBSTRUCTION -
- 6 PROTECTED OBSTRUCTION -
- 7 UNPROTECTED OBSTRUCTION - UNLIGHTED
- 8 AT NIGHT
- 9 DEFECTIVE SHOULDERS
- 10 CHANGING ROAD WIDTH
- 11 WATER (STANDING OR MOVING)

23 - TRAFFIC CONTROL DEVICES

LEGEND

A - DEVICE OPERATIONAL
B - DAMAGED OR NON-FUNCTIONAL
PUSH TO ACCIDENT CHECK ALL THAT APPLY

- 1 TRAFFIC SIGNAL
- 2 YIELD SIGN
- 3 STOP SIGN
- 4 WARNING SIGN
- 5 RAILROAD SIGNAL
- 6 FLASHING SIGNAL
- 7 FLAGMAN OR OFFICER

24 - NON INTERSECTION ROAD CHARACTER

CHECK ONLY ONE (1)

- 1 2-WAY, STRIPED CENTERLINE
- 2 2-WAY, NO STRIPE
- 3 2-WAY, PAINTED MEDIUM
- 4 2-WAY, RAISED MEDIUM
- 5 2-WAY, CONCRETE BARRIER
- 6 2-WAY, CABLE BARRIER
- 7 2-WAY, DEPRESSED MEDIUM
- 8 2-WAY, EXTENDED MEDIUM
- 9 1-WAY STREET

25 - ROAD GRADE

CHECK ONLY ONE (1)

- 1 LEVEL
- 2 DOWNGRADE
- 3 UPGRADE
- 4 HILLCREST
- 5 DIP

26 - ROAD SURFACE CONDITION

CHECK ONLY ONE (1)

- 1 DRY
- 2 WET
- 3 SAND, MUD, DIRT, OIL, GRAVEL
- 4 SNOW
- 5 SLUSH
- 6 ICE
- 7 OTHER
- 8 UNKNOWN

27 - CONDITIONS INFLUENCING DRIVER

TWO (2) CHOICES PER PERSON MAY BE SELECTED

- 1 NO APPARENT
- 2 INFLUENCE
- 3 HAD BEEN DRINKING
- 4 USE OF ILLEGAL DRUGS
- 5 ILLNESS
- 6 FELL ASLEEP / FATIGUED
- 7 PHYSICAL IMPAIRMENT
- 8 PRESCRIPTION DRUGS
- 9 OTHER

28 - VIOLATIONS / BEHAVIOR

TWO (2) CHOICES PER PERSON MAY BE SELECTED

- 1 NO IMPROPER ACTION
- 2 SPEED TOO FAST FOR CONDITIONS
- 3 EXCEEDED LAWFUL SPEED
- 4 FAILED TO YIELD RIGHT-OF-WAY
- 5 FOLLOWED TOO CLOSELY
- 6 RAN STOP SIGN
- 7 DISREGARDED TRAFFIC SIGNAL
- 8 MADE IMPROPER TURN
- 9 DROVE IN OPPOSING TRAFFIC LANE
- 10 KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT
- 11 REQUIRED MOTORCYCLE SAFETY EQUIPMENT (NOT USED)
- 12 PASSED IN NO PASSING ZONE
- 13 UNSAFE LANE CHANGE
- 14 OTHER UNSAFE PASSING
- 15 INATTENTION
- 16 DID NOT USE CROSSWALK
- 17 WALKED ON WRONG SIDE OF ROAD
- 18 OTHER
- 19 UNKNOWN

29 - VEHICLE CONDITION

TWO (2) CHOICES PER PERSON MAY BE SELECTED

- 1 NO APPARENT DEFECTS
- 2 DEFECTIVE BRAKES
- 3 DEFECTIVE STEERING
- 4 DEFECTIVE HEADLIGHTS
- 5 DEFECTIVE TAIL LIGHTS
- 6 DEFECTIVE TURN-SIGNAL
- 7 PUNCTURE OR BLOWOUT
- 8 ONE OR MORE SMOOTH TIRES
- 9 FIRE
- 10 DEFECTIVE WINDSHIELD WIPER
- 11 DEFECTIVE EXHAUST SYSTEM
- 12 OTHER DEFECTS
- 13 NO TRAILER BRAKES
- 14 UNKNOWN

30 - TRAFFIC UNIT ACTION

CHECK ONE (1) PER UNIT

- 1 GOING STRAIGHT AHEAD
- 2 SLOWING IN TRAFFICWAY
- 3 STOPPED IN TRAFFICWAY
- 4 MAKING LEFT TURN
- 5 MAKING RIGHT TURN
- 6 MAKING U TURN
- 7 ENTERING ALLEY OR DRIVEWAY
- 8 LEAVING ALLEY OR DRIVEWAY
- 9 OVERTAKING / PASSING
- 10 CHANGING LANES
- 11 BACKING
- 12 AVOIDING VEHICLE, OBJECT, PEDESTRIAN

31 - VISION OBSCUREMENT

CHECK ONE (1) PER UNIT

- 1 NOT OBSCURED
- 2 BY PARKED / STOPPED VEHICLE
- 3 BY MOVING VEHICLE
- 4 BY BUILDING
- 5 BY EMBANKMENT
- 6 BY SIGNBOARD
- 7 BY HILLCREST
- 8 BY LOAD ON VEHICLE
- 9 BY TREES, BUSHES
- 10 BY HEADLIGHT
- 11 BY SUN GLARE
- 12 BECAUSE OF BAD WEATHER
- 13 OTHER
- 14 RAIN, SNOW, FOG ON WINDSHIELD
- 15 WINDSHIELD OBSCURED - OTHER
- 16 UNKNOWN

32 - DIRECTION OF TRAVEL

CHECK ONE (1) PER UNIT

- 4 5
- 1 NORTH
- 2 SOUTH
- 3 EAST
- 4 WEST
- 5 NW
- 6 NE
- 7 SW
- 8 SE
- 9 UNKNOWN

EA12-006158-006158

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3235	YEAR			MONTH			DAY			HOUR				ACIC				OFFICER'S ID. NO.				AGENCY REPORT NUMBER				
	0	4	0	1	1	5	1	3	2	9	0	7	9	9	-	4	7	2	2	2004-003998						
ACCIDENT DESCRIPTION (NARRATIVE)																										

SYNOPSIS: This is a 5-vehicle collision with one fatal injury, which occurred on January 15th, 2004, at approximately 1329 hours on State Route 101 at milepost 154.8.

NARRATIVE: On January 15th, 2004 at approximately 1400 hours I was advised of a 5-vehicle collision with one fatality in the area of S.R. 101 in the area of Southern Ave. I immediately responded from the Arizona Department of Public Safety Vehicle Crimes Office.

Upon arrival I noted that the southbound lanes of S.R. 101 were closed. Southbound traffic was being diverted off the freeway at Southern, by Arizona Department of Transportation personnel. I observed numerous emergency vehicles parked in the median and in the south bound lanes. I noted in the left #1 lane was a gold Honda with the left side torn away pointing to the northwest. I also observed a Jeep Liberty parked in the #3 lane that was completely burned. It was parked pointing to the east. There was a black Mustang parked on the right dirt shoulder this had front end damage pointing to the south. There was a white Toyota pointing to the west with front and rear end damage. This vehicle had also been burned. There was also a Plymouth van parked in the number 3 lane with front-end damage. There were skid marks that began on the right shoulder of the north bound lanes of S.R. 101, the marks proceed across all 3 northbound lanes into the dirt median through the cable barrier and into the southbound right lane. At this point there were numerous scrapes and the skid marks that are redirected which indicates the area of impact.

I met with Arizona Department of Public Safety Sergeant D. Coleman #4582. Sergeant Coleman advised me that I would take disposition of the investigation. Sergeant Coleman advised me that Arizona Department of Public Safety Officer R. Weeks #4955 would map out the evidence points in the scene utilizing the Global Positioning System. The Sergeant told me that he would get Sergeant R. Black to make next of kin notification for me.

LOCATION: At the location of the collision, State route 101 is a north south roadway with 3 north bound lanes and 3 south bound lanes divided by a depressed dirt median with a protective cable barrier in the middle of the median. The roadway is made of concrete and was in good repair with no visible defects. The posted speed limit at this location is 55 M.P.H. The weather was clear and partly cloudy.

VEHICLE INFORMATION: Vehicle #1 was a 2000 Honda 4-door. It has an Arizona registration plate of [REDACTED]. The Vehicle Identification Number is JHMC65653YC [REDACTED]. The registered owner was the driver [REDACTED] of Chandler. Vehicle #1 sustained total damage from impact with vehicle #2 and going through the cable barrier. It was towed and stored by Cactus Towing.

Vehicle #2 was a 2004 Jeep Liberty. It had an Arizona Registration plate of [REDACTED] PC. The Vehicle Identification Number is 1J4GK48KX4W [REDACTED]. It is registered to the driver [REDACTED] of Phoenix. Vehicle #2 sustained total fire damage. It was towed and stored by Cactus Towing.

Officer Name	ID No.	Supervisor Name	Date
F. Mueller	4722	Sgt. D. Coleman #4582	12-005- Chrysler 062804

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 0648 ARIZONA DEPARTMENT OF TRANSPORTATION 2065, 17 TH AVE., PHOENIX, ARIZONA 85007-1251	YEAR	MONTH	DAY	HOUR				NCIC			OFFICER'S I.D. NO.			AGENCY REPORT NUMBER					
	0	4	0	1	1	5	1	3	2	9	0	7	9	9	-	4	7	2	2
ACCIDENT DESCRIPTION (NARRATIVE)																			

Vehicle #3 is a white 1982 Toyota 2-door. It has an Arizona registration plate of [REDACTED]. The vehicle identification Number is JT2MA67L6C00[REDACTED]. It is registered to [REDACTED] of Tempe. Vehicle #3 sustained damage to both the front end and back end as well as fire damage to the front end. Vehicle #3 was towed and stored by Cactus Towing.

Vehicle #4 is silver 1993 Plymouth van. It has a Mexican license plate of [REDACTED]. The vehicle identification number is 2P4GH2535PR[REDACTED]. Vehicle #4 sustained damage to the front end. It was towed and stored by Cactus Towing.

Vehicle #5 is a black 1996 Ford Mustang. It has a California registration plate of [REDACTED]. The vehicle identification number is 1FALP4048TF[REDACTED]. It is registered to [REDACTED] of Burbank, Ca. This vehicle sustained front-end damage. It was towed and stored by Cactus Towing.

DRIVER INFORMATION: The driver of vehicle #1 was identified by a valid Arizona Drivers license as [REDACTED] of Chandler [REDACTED]. [REDACTED] was transported to Maricopa Medical Center where she was pronounced dead by Dr. Goodman at 1351 hours. The next of kin was made to family members by Maricopa Medical Center physician Dr. Allgaier at 1745 hours. Arizona Department of Public Safety Sergeant R. Black #4670 conducted follow-up with the family at M.M.C. For Sergeant Black's activities during this investigation refer to his supplement included in this document.

The driver of vehicle #2 was identified by a valid Arizona Drivers license as [REDACTED] of Phoenix. [REDACTED] was transported to the Maricopa Medical Center where he was treated and released for burns to his hands. On January 20th, I contacted [REDACTED] on the phone. [REDACTED] advised me that he was south bound when he saw the vehicle fly over the median. He stated it happened so fast that he could not take any evasive action. [REDACTED] was concerned about the fire. I told him he was also struck from behind and this is what caused the fire. [REDACTED] said he had not notice vehicle #1 until he observed it flying across the median.

The driver of vehicle #3 was identified at the scene as [REDACTED] of Tempe. [REDACTED] was not injured and refused medical treatment at the scene. [REDACTED] made a written statement to Arizona Department of public Safety Officer J. Allen. For more information on [REDACTED] statement refer to Officer Allen's supplement included with this document.

The driver of vehicle #4 was identified by a valid Arizona registration as [REDACTED] of Mesa. [REDACTED] was transported to Desert Samaritan where she was treated and released for pain to her neck and back. Arizona Department of public Safety Officer D. Hannigan interviewed her at the hospital. For more information refer to his supplement included in this document.

The driver of vehicle #5 was identified at the scene by a valid California driver's license as [REDACTED]. [REDACTED] advised Officer Allen she was traveling south bound when she

Officer Name	ID No.	Supervisor Name	Date
F. Mueller	4722	Sgt. D. Coleman #4582	01-20-04

SUPPLEMENT <small>(FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 0614 ARIZONA DEPARTMENT OF TRANSPORTATION 106 S. 17TH AVE., TUCUEN, ARIZONA 85705-7233</small>	YEAR	MONTH	DAY	HOUR				MTC				OFFICER'S HAND				AGENCY REPORT NUMBER			
	0	4	0	1	1	5	1	3	2	9	0	7	9	9	-	4	7	2	2
ACCIDENT DESCRIPTION (NARRATIVE)																			

saw the car (vehicle #1) cross the median and strike the Jeep. For more on [REDACTED] statement refer to Officer Allen's supplemental report.

PASSENGER INFORMATION: There were no passengers in vehicle's #1 or #2. The passenger in vehicle #3 was identified as [REDACTED] [REDACTED] gave a written and verbal statement to Officer Allen. Refer to Officer Allen's supplement for [REDACTED] statement.

The passengers in vehicle #4 were identified as [REDACTED] [REDACTED] and [REDACTED] [REDACTED]; was transported to Desert Samaritan where she was observed for complications with her pregnancy. Officer Hannigan was unable to obtain a statement from her [REDACTED] is [REDACTED] years old so Officer Hannigan did not get a statement from her. She was uninjured in the collision.

The passenger in vehicle #5 was identified as [REDACTED]. She was uninjured and refused medical treatment at the scene. She gave a written and verbal interview to Officer Allen who supplemented this document.

WITNESS INFORMATION: There were numerous witnesses that were traveling South bound. They all indicated that they saw vehicle #1 sliding through the cable barrier and strike vehicle #2. Officer Allen interviewed these witnesses. For more information on their statements refer to Officer Allens supplement included in this document. The only person that was traveling northbound that stopped was identified as [REDACTED]. I spoke with [REDACTED] on February 4th, 2004 at 1600 hours. [REDACTED] stated that he was traveling north in the far left lane (#1). He said he had to brake hard to avoid hitting the vehicle in front of him. He said the gold car (vehicle #1) just went flying across all three north bound lanes. I asked him if he saw the vehicle before this action he said no. I asked how fast he was going. He said he was going with the flow of traffic, which was moving a little faster than the speed limit. I asked him if there were any obstructions such as a dog or broken down vehicle in the right lanes or on the shoulder. He said no, that he did not see any reason for the vehicle to take any type of evasive action. He said it did not come from behind him the action started in front of him. I asked him he thought that the vehicle could have been bumped by another vehicle. He said that he did not think so. He did not see any thing that would make him think the driver of the vehicle was running from anything.

EVIDENCE AND INVESTIGATION: Evidence at the scene indicated that vehicle #1 was north bound when for an unknown reason it started leaving tire marks in the right emergency parking shoulder. The vehicle left marks going across all 3 northbound lanes of traffic; it was rotating in a counter clockwise manner when it went into the dirt median, which divides the north and southbound lanes. Vehicle one was sliding in a northwesterly direction this is apparent by the direction of the skid marks into the median. When vehicle one hit the cable barrier posts, it pushed them to the northwest. This broke the D-bolts securing the cable to the posts. Vehicle number one was able to go under the cable barrier then. This was apparent from the marks on the roof of vehicle #1. After going through the median, vehicle #1 came on to the southbound #1 lane where it was struck on the drivers side by vehicle #2. Vehicle #1

Officer Name	ID No.	Supervisor Name	Date
F. Mueller	4722	Sgt. D. Coleman #4582	02-28-04

SUPPLEMENT FORWARD COPY TO CRASH RECORDS ANALYSIS UNIT 6618 ARIZONA DEPARTMENT OF TRANSPORTATION 366 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3211	YEAR	MONTH	DAY	HOUR				NCIC				OFFICER'S ID NO				AGENCY REPORT NUMBER			
	0	4	0	1	1	5	1	3	2	9	0	7	9	9	-	4	7	2	2
ACCIDENT DESCRIPTION (NARRATIVE)																			

was redirected to its final resting place in the #1 lane.

After impact with vehicle #1, vehicle #2 was struck in the back by vehicle #3. When this happened vehicle #2 caught fire as did vehicle #3. Vehicle's 2 and 3 continued southbound before separating after impact from vehicle #4. Vehicle #2 came to rest pointing to the northeast in the #4 lane. Vehicle #3 came to rest on the emergency shoulder pointing to the west. Vehicle #4 came to rest in the #3 lane pointing to the south. Vehicle #5 struck vehicle #4 in the back then went off the west side of the south bound lanes onto the dirt shoulder.

On Tuesday January 20th, 2004, I went Cactus Towing's holding lot to inspect vehicle #1. I was escorted to the vehicle by a Cactus employee. I took the air pressure in the tires, on the left side. The pressure was 21 pounds in each tire. The right side tires were flat from siding sideways. I was unable to determine if there was any tire failure. The tires were a matched set of Michelins. The size was 195/65R15. I spoke with the victim's son [REDACTED]. He indicated that there could be some foul play involved that his mother had been threatened a month earlier by an ex-boyfriend. I did not observe any thing on vehicle #1 that would indicate it had been tampered with prior to the collision.

OPINION: It is my opinion that the driver of vehicle #1 had a momentary lapse of attention. This would explain why vehicle #1 started leaving marks on the shoulder. She drifted on to the shoulder and then over corrected to the left, this caused her to loss control and begin to slide sideways.

Toxicological exam was made by the Medical Examiners Office. When I get these results I will supplement this document. Speed analysis was not done it did not appear that speed was a factor in this collision.

Officer Name	ID No.	Supervisor Name	Date
F. Mueller	4722	Sgt. D. Coleman #4580	1/20/04

**ARIZONA TRAFFIC ACCIDENT REPORT
FATAL SUPPLEMENT**

REPORT ID

Agency Report Number

2004-03998

FORWARD COPY TO
ACCIDENT RECORDS ANALYSIS UNIT 064R
ARIZONA DEPARTMENT OF TRANSPORTATION
206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER'S ID NO.
4/01/15			13 20	0799	0 4722

Dead at time of investigation
 Delayed fatality

NAME OF VICTIM: [REDACTED]
 ADDRESS: [REDACTED] CITY: Chandler STATE: AZ
 DRIVER PEDESTRIAN PEDALCYCLIST PASSENGER
 RACE: White MARITAL STATUS: Single
 MARKS, SCARS, TATTOOS: [REDACTED]

SEX: F WEIGHT: 120 HEIGHT: 5'6 EYES: Green HAIR: Blonde DATE OF BIRTH: [REDACTED] OCCUPATION: [REDACTED]

VICTIM REMOVED TO: Maricopa Medical Center VICTIM REMOVED BY: Southwest Ambulance

DESCRIPTION OF CLOTHING: unknown

DESCRIPTION OF PROPERTY: [REDACTED]

DESCRIPTION OF PROPERTY (CONT): [REDACTED]

PROPERTY IN POSSESSION OF: NAME: [REDACTED] ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED]

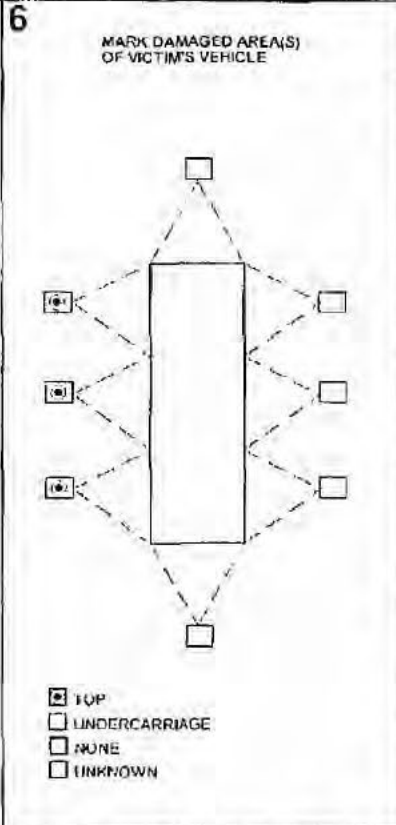
NEXT OF KIN: NAME: [REDACTED] ADDRESS: [REDACTED] CITY: Chandler STATE: AZ RELATIONSHIP: Son

NOTIFIED YES NO NOTIFIED BY: Dr. Allgaier DATE: 01/15/2004 TIME: 17 45 MEDICAL EXAMINER: [REDACTED]

NAME OF DRIVER: [REDACTED] RACE: [REDACTED]
 SAME AS VICTIM
 OCCUPATION: [REDACTED] MARITAL STATUS: [REDACTED]

COMMENTS: [REDACTED]

5 TIME POLICE CALLED: 13 20 POLICE ARRIVED: 13 20 AMBULANCE CALLED: 13 20 AMBULANCE ARRIVED: 13 23 AMBULANCE DEPARTED: 13 30



7 RESTRAINT FAILURE / IMPROPER RESTRAINT USAGE

ENTER SEAT POSITION	1	2	3	4	5	6	7	8
NONE FAILED								
LAP FAILED								
SHOULDER FAILED								
BOTH FAILED								
CHILD RESTRAINT								
AIR BAG NOT DEPLOYED								
PASSIVE SYSTEM								
UNKNOWN								
IMPROPER USAGE								
RESTRAINT PROPERLY USED								
CHILD RESTRAINT								
PASSIVE & LAP								
SHOULDER HARNESS								

8 SUPPLEMENTAL DATA CHECK ONE IN EACH CATEGORY

ACCIDENT FIRST REPORT BY
 PERSONS INVOLVED
 PASSING MOTORIST
 POLICE
 RESIDENT BYSANDER
 OTHER

VICTIM EJECTED
 NOT EJECTED
 COMPLETE
 PARTIAL
 UNKNOWN

VICTIM EXTRICATION
 NOT REQUIRED
 BY AMBULANCE ATTENDANT
 BY POLICE
 BY FIRE DEPARTMENT
 BY PASSERRY
 OTHER

ACCIDENT LOCALE
 URBAN
 RURAL
 UNKNOWN

TERRAIN TYPE
 LEVEL
 HILLY
 MOUNTAINOUS

DRUG SCREEN TAKEN
 YES
 TYPE: pending
 RESULT: [REDACTED]
 NO
 UNKNOWN

DRIVER FAMILIAR WITH LOCALE
 YES
 NO
 UNKNOWN

ROAD ALIGNMENT
 STRAIGHT ROAD
 CURVED
 UNKNOWN

VEHICLE TRANSMISSION
 AUTOMATIC
 MANUAL
 UNKNOWN

COMPLIANCE WITH DRIVER LICENSE RESTRICTIONS
 YES
 NO
 UNKNOWN

BLOOD ALCOHOL CONTENT TEST TAKEN
 YES
 TYPE: pending
 RESULT: [REDACTED]
 NO
 UNKNOWN

9 OFFICER SIGNATURE AND ID NUMBER: *Fal Mueller* ID NUMBER: 4722 DATE: 02/04/2004

ARIZONA TRAFFIC ACCIDENT REPORT SUPPLEMENT

FORWARD COPY TO: ACCIDENT ANALYSIS UNIT 064R
ARIZONA DEPARTMENT OF TRANSPORTATION
206 S. 17TH. AVE., PHOENIX, AZ 85007-3233

Agency Report Number:	2004-003998
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YEAR/MO/DAY	HOUR	NCIC NO.	OFFICER'S ID NO.
2004/01/15	1320	0799	4722

On January 15, 2004 at 1520 hours, I responded to a multiple vehicle collision on State Route 101 southbound south of Southern. It was also reported that four of the vehicles were on fire. I arrived on scene at approximately 1327 hours and observed the southbound lanes to be completely blocked by vehicles and debris.

Fire was in the process of extinguishing the vehicles that were on fire. I contacted Sergeant. P. Drake #9829; Sgt. Drake asked me to assist with witness statements. Sgt. R. Black #4670 arrived on scene at approximately 1330 hours. Sgt. Black assigned me to do followup at Maricopa Medical Center (MMC) for the critically injured driver, [REDACTED]

While in route to MMC, I received a MDT message from Opcomm indicating the driver had expired at the hospital. I contacted social worker, Mindy Bruce, and assisted her with attempting to locate next of kin. While I was at MMC, we were unsuccessful in locating any next of kin.

I then left the hospital and met Sgt. Black to try to locate any family members. Myself and Sgt. Black went to the home of [REDACTED]; there was no answer. We then spoke to a next door neighbor; she indicated that [REDACTED] sister is a teacher at Erie Elementary School. At the school, we contacted a counselor who provided us with an address and phone number of the sister.

After the two different attempts to contact the sister at her residence were unsuccessful, we went to the place of employment for [REDACTED]'s daughter, [REDACTED]. While at the Target at Chandler Fashion Mall, we contacted the on-duty manager. He informed us that [REDACTED] was not scheduled today. Co-workers at Target indicated that [REDACTED] worked at a Bead Shop inside the mall.

We contacted the information desk inside the mall; they indicated the location of store that [REDACTED] might work at. We contacted a co-worker at the bead store; she indicated that [REDACTED] had been at work but left work to go to the hospital to see her mother. I then contacted the social worker Ms. Bruce by phone; she stated that most of the family was at the hospital. Ms. Bruce also asked us to come to the hospital to speak with the family.

Sgt. Black explained the collision to the family by what he had observed at the scene. I obtained information from the hospital to fill out a yellow tag.

[REDACTED] was pronounced deceased by Dr. Goodman at MMC at 1351 hours
The next of kin notification was made to the family by Dr. Allgaier at MMC at 1745 hours.

I then sent an MDT message to Opcomm with the re-log information. This ended my participation in this case.

OFFICER J. BROOKS #5691

ARIZONA TRAFFIC ACCIDENT REPORT

REPORT ID

Agency Report Number

SUPPLEMENT

FORWARD COPY TO
ACCIDENT RECORDS ANALYSIS UNIT (AIR)
ARIZONA DEPARTMENT OF TRANSPORTATION
263 S 17th AVE., PHOENIX, ARIZONA 85007-3233

MO.	DAY	YEAR	HOUR	INCID NO.	OFFICER'S ID NO.
01	15	04	1326	0799	4722

2	0	0	4	-	0	0	3	9	9	8
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ACCIDENT DESCRIPTION

(NARRATIVE)

NARRATIVE:

On 1/15/2004 at approximately 1330 hours, I responded to a report of a collision on SR-101 at Southern Ave. The initial reports were that the collision was a serious injury accident, and that there were vehicles burning. When I arrived on scene, there was a temporary closure of all three lanes of southbound SR-101 and traffic was being diverted to US-60. I assisted with establishing the closure, staffing of the closure and directing traffic. I interacted with two parents of some youngsters that were involved. I was approximately 700 feet from the actual collision scene. When ADOT took over the closure and I went to the scene to assist.

At the scene, I completed the vehicle inventories for a Black Ford Mustang and a white Toyota Supra.

D. C. D'Oyen

D. C. D'Oyen #4864
AZ-DPS

ARIZONA TRAFFIC ACCIDENT REPORT SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233	YEAR			MONTH			DAY			REPORT ID			NCIC NO.			OFFICER ID NO.			Agency Report Number
	04	01	15	13	20	07	99	04	722	2004-003998									

ACCIDENT DESCRIPTION
(Narrative)

On 1-15-04 at approximately 1320 hours, I responded to serious injury accident on Loop 101 near the Southern Avenue overpass. When I arrived (at 1333 hours), ICS had already been established by Sergeant Drake. I assisted Sergeant Drake with running command. At the request of our PIO, I briefed the media on the preliminary observations of how the collision occurred. At approximately 1536 hours, I left the scene and teamed up with Officer J. Brooks for NOK notification. There was no one home at the deceased's residence. Through one of her neighbors, we located a place of business of the deceased's sister. From there, we located the sister's residence; however, she was not at home. We then checked for the deceased's daughter where she works after school. Her boss directed us to a second place the daughter works. Once we arrived there, we were informed by one of her co-workers that she (the daughter) had been notified that her mother had been in an accident and therefore was en route to the hospital. Radio Dispatch then notified us that NOK had been accomplished at the hospital, but that the family still wished to speak to us. I and Officer Brooks proceeded to MCC and met with the deceased's family. That concludes my involvement in this case.

R. L. Black, Sergeant #4670
E-Metro Squad 4 Supervisor

ARIZONA DEPARTMENT OF PUBLIC SAFETY
CONTINUATION / SUPPLEMENTAL REPORT

DR NUMBER (Required Field)
2004-003998

CONTINUATION REPORT SUPPLEMENTAL REPORT

On 01/15/2004, at approximately 1320 hours. Opcomm advised of a serious injury collision on S.R. 101 at Southern Ave. I responded from Center Drive on S.R. 202. I arrived and was requested to divert all southbound S.R. 101 traffic to the U. S. 60. I established a closure and was replaced by two additional units. I arrived on scene at approximately 1328 hours. At 1422 hours, I was asked to relieve Officer Ketron 4253, who was maintaining the Incident Command Log. I continued to maintain the ICS log until 1705 hours, when command was terminated.

<input type="checkbox"/> PENDING	OFFICER NAME	BADGE NO.	LOCATION CODE	SUPERVISOR NAME	DATE
CLOSED BY: <input type="checkbox"/> ARREST <input checked="" type="checkbox"/> OTHER	C. MARTIN	5676	22300400	R. BLACK 4670 EA12-005- Chrysler -006168	01/22/2004

COPIES TO: DEPT. RECORDS; PROSECUTOR; WORKING COPY

SUPPLEMENT FORWARD COPY TO: ACCIDENT RECORDS ANALYSIS UNIT 0649 ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3223	YEAR			MONTH			DAY			HOUR				NCIC			OFFICER'S ID. NO.				AGENCY REPORT NUMBER
	0	4	0	1	1	5	1	2	3	0	0	7	9	9	0	4	7	2	2	2004-003998	
ACCIDENT DESCRIPTION (NARRATIVE)																					

This is a supplemental report to DR#2004-003998 involving a five vehicle collision which resulted in one fatality that occurred on January 15, 2004 at approximately 1230 hours on SR-101 at milepost 54.8.

On January 15, 2004 at 1330 hours, Arizona Department of Public Safety (DPS) Vehicular Crimes Unit (VCU) Officer R.T. Stephenson #3681 received a phone call from the DPS Duty office and was requested to respond to SR-101 southbound at milepost 54.8.

Officer Stephenson responded to the scene on SR-101 southbound at milepost 54.8. Upon Officer Stephenson's arrival he observed that Arizona Department of Transportation (ADOT) had closed southbound 101 and had traffic exiting off at Southern. South of the road closer Officer Stephenson observed five damaged vehicles blocking the southbound 101 in which three of the vehicles had caught on fire. There were numerous DPS vehicles and several Tempe Fire Department fire trucks parked at the scene.

DPS Sgt. Coleman #4582 assigned Officer Stephenson with marking the visible skid and scuff marks with colored cones from the vehicles involved and fill out DPS Vehicle Removal sheets for the tow trucks. Officer Stephenson placed one color of cone for each vehicle that left a mark on the roadway so that it could be photographed and measured. Officer Stephenson filled out DPS Vehicle Removal forms on traffic unit one the gold colored Honda and a blue Plymouth Voyager.

This concludes Officer Stephenson's involvement with this case

Officer Name	ID No.	Supervisor Name	Date
R.T. Stephenson	3681	D. Coleman EA12-005-Chrysler	1/15/04

D. Coleman 4582
1-27-04

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S 17 TH AVE., PHOENIX, ARIZONA 85002-5125	YEAR MONTH DAY	HOOR	NCIC	OFFICER'S ID NO.	AGENCY REPORT NUMBER
	2004/01/15	1320	0799	04722	
ACCIDENT DESCRIPTION (NARRATIVE)					

NARRATIVE:

On January 15, 2004 at approximately 1400 hours, I responded to a five vehicle fatal collision southbound on State Route 101 at approximately milepost 54, near the Southern Av. overpass.

I arrived on the scene, the southbound lanes of State Route 101 were closed and traffic was being detoured off onto United States Route 60 by the Arizona Department of Transportation.

I was assigned to measure the scene using a Trimble Global Positioning System (GPS). I later downloaded the measurements from the data collector and prepared a scale diagram. (See attached)

No Further Involvement.

Officer Name	ID No.	Supervisor Name	Date
R.A. Weeks	4955	Sergeant J. King, #3778	02/10/2004

EA 2005- Chrysler-006170
 02/10/2004
 Page 1 of 1

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 9618 ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3225	YEAR MONTH DAY	HOUR	NCIC	OFFICER'S ID NO.	AGENCY REPORT NUMBER
	2004/01/15	1320	0799	04722	

**ACCIDENT DESCRIPTION
(NARRATIVE)**

Name	Northing	Easting	Elevation	Feature Code
1	0.000	0.000	999.998	DPS Base
2	0.000	0.000	999.998	DPS Base
3	-436.333	130.167	1011.177	Tire Friction Mark1
4	-436.300	130.189	1011.179	Tire Friction Mark2
5	-417.987	132.046	1010.706	Tire Friction Mark1
6	-417.536	130.969	1010.689	Tire Friction Mark2
7	-398.550	131.370	1010.276	Tire Friction Mark2
8	-399.448	133.503	1010.221	Tire Friction Mark1
9	-378.154	133.639	1009.744	Tire Friction Mark1
10	-378.010	130.935	1009.793	Tire Friction Mark2
11	-358.471	129.405	1009.373	Tire Friction Mark2
12	-357.194	133.028	1009.264	Tire Friction Mark1
13	-337.390	131.727	1008.846	Tire Friction Mark1
14	-337.540	126.978	1008.928	Tire Friction Mark2
15	-319.713	129.568	1008.444	Tire Friction Mark1
16	-304.342	126.850	1008.130	Tire Friction Mark1
17	-283.894	122.219	1007.741	Tire Friction Mark1
18	-260.056	115.162	1007.329	Tire Friction Mark1
19	-241.757	108.652	1007.034	Tire Friction Mark1
20	-228.644	103.233	1006.823	Tire Friction Mark1
21	-213.538	96.302	1006.576	Tire Friction Mark1
22	-200.830	90.044	1006.412	Tire Friction Mark1
23	-185.361	82.303	1005.353	Tire Friction Mark1
24	-175.792	76.654	1004.810	Tire Friction Mark1
25	-162.213	68.215	1004.307	Tire Friction Mark1
26	-158.070	65.396	1004.839	Tire Friction Mark1
27	-511.300	146.502	1012.790	Light Pole # 8709B
28	-514.709	137.158	1013.167	Edge of Pavement1
29	-515.622	126.286	1013.126	Lane Line Solid2
30	-385.202	129.075	1009.999	Tire Friction Mark3
31	-368.899	129.150	1009.596	Tire Friction Mark3
32	-348.200	128.535	1009.162	Tire Friction Mark3
33	-327.182	126.830	1008.665	Tire Friction Mark3
34	-316.012	122.886	1008.463	Tire Friction Mark2
35	-291.582	117.078	1008.018	Tire Friction Mark2
36	-267.393	109.551	1007.602	Tire Friction Mark2
37	-248.888	102.460	1007.307	Tire Friction Mark2
38	-231.234	94.868	1007.029	Tire Friction Mark2
39	-214.520	86.919	1006.638	Tire Friction Mark2
40	-200.429	80.261	1005.772	Tire Friction Mark2
41	-185.407	72.366	1004.697	Tire Friction Mark2
42	-175.343	66.337	1004.199	Tire Friction Mark2
43	-163.154	58.155	1004.784	Tire Friction Mark2
44	-155.205	54.197	1005.020	Tire Friction Mark2
45	-294.094	121.582	1008.046	Tire Friction Mark3
46	-270.474	116.119	1007.624	Tire Friction Mark3
47	-246.674	108.783	1007.201	Tire Friction Mark3
48	-229.981	102.410	1006.928	Tire Friction Mark3
49	-211.270	94.296	1006.651	Tire Friction Mark3
50	-187.026	81.836	1005.759	Tire Friction Mark3
51	-177.024	75.726	1004.811	Tire Friction Mark3
52	-303.225	116.529	1008.335	Tire Friction Mark4

Officer Name	ID No.	Supervisor Name	Date
R.A.Weeks	4955	Sergeant J. King, #3778	02/10/2004

EA12-005- Chrysler-006171

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT (608R) ARIZONA DEPARTMENT OF TRANSPORTATION 296 S. 17 TH AVE., PHOENIX, ARIZONA 85007-0213	YEAR MONTH DAY	HOUR	NCIC	OFFICER'S ID NO.	AGENCY REPORT NUMBER
	2004/01/15	1320	0799	04722	2004-003998

**ACCIDENT DESCRIPTION
(NARRATIVE)**

53	-278.350	109.895	1007.895	Tire Friction Mark4
54	-255.209	102.738	1007.511	Tire Friction Mark4
55	-233.617	94.537	1007.156	Tire Friction Mark4
56	-212.018	84.890	1006.568	Tire Friction Mark4
57	-193.905	75.549	1005.140	Tire Friction Mark4
58	-180.730	67.959	1004.317	Tire Friction Mark4
59	-168.817	60.320	1004.733	Tire Friction Mark4
60	-157.460	52.258	1005.196	Tire Friction Mark4
61	-147.370	45.149	1005.132	Tire Friction Mark4
62	-510.678	81.350	1013.430	Edge of Pavement6
63	-511.368	89.238	1013.774	Lane Line Solid5
64	-511.698	102.059	1013.495	Lane Line Dashed4
65	-512.165	114.085	1013.248	Lane Line Dashed3
66	-506.026	66.941	1011.704	Median Cable Barrier7
67	-169.565	68.007	1004.312	Grate
68	-166.150	67.945	1004.307	Grate
69	-166.224	65.758	1004.273	Grate
70	-169.386	65.922	1004.237	Grate
71	61.100	68.188	998.723	Median Cable Barrier7
72	-96.878	82.381	1003.614	Edge of Pavement6
73	-96.628	90.296	1003.976	Lane Line Solid5
74	-233.993	52.776	1006.941	Edge of Pavement8
75	-234.754	44.590	1007.213	Lane Line Solid9
76	-235.737	32.025	1006.974	Lane Line Dashed10
77	-237.808	8.982	1006.600	Lane Line Solid11
78	-238.370	-2.303	1006.659	Edge of Pavement12
79	-237.641	-29.304	1009.259	Barrier Wall
80	-195.992	-22.567	1007.210	Traffic Control Box
81	-196.143	-17.896	1007.193	Traffic Control Box
82	-187.096	-17.520	1007.247	Traffic Control Box
83	-186.929	-22.261	1007.171	Traffic Control Box
84	-80.696	-29.343	1004.944	Barrier Wall
85	-62.953	-13.258	1002.234	Light Pole #8713B
86	52.129	53.409	1000.166	Edge of Pavement8
87	51.391	45.381	1000.494	Lane Line Solid9
88	51.048	32.609	1000.270	Lane Line Dashed10
89	47.096	3.413	999.877	Lane Line Solid11
90	47.633	-2.663	999.932	Edge of Pavement12
91	-5.443	24.426	1001.423	Tire Friction Mark5
92	-35.020	23.148	1002.093	Tire Friction Mark5
93	-64.188	21.468	1002.768	Tire Friction Mark5
94	-86.968	19.642	1003.252	Tire Friction Mark5
95	-114.027	17.654	1003.847	Tire Friction Mark5
96	-147.555	15.442	1004.576	Tire Friction Mark5
97	-146.962	10.334	1004.444	Tire Friction Mark6
98	-116.788	12.389	1003.784	Tire Friction Mark6
99	-79.481	15.143	1002.981	Tire Friction Mark6
100	-51.195	17.139	1002.329	Tire Friction Mark6
101	-16.090	18.781	1001.598	Tire Friction Mark6
102	-87.221	15.177	1003.148	Tire Friction Mark7
103	-112.566	13.990	1003.713	Tire Friction Mark7
104	-142.695	12.535	1004.363	Tire Friction Mark7
105	-145.036	11.814	1004.441	Tire Friction Mark7
106	-152.403	7.980	1004.507	Tire Friction Mark7

Officer Name	ID No.	Supervisor Name	Date
R.A.Weeks	4955	Sergeant J. King, #3778	02/10/2004

EA12-005-Chrysler-006172

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 661R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3213	YEAR MONTH DAY	HOOR	NCIC	OFFICER'S ID NO.	AGENCY REPORT NUMBER
	2004/01/15	1320	0799	04722	2004-003998

**ACCIDENT DESCRIPTION
(NARRATIVE)**

107	-146.668	5.717	1004.333	Tire Friction Mark8
108	-142.947	7.055	1004.289	Tire Friction Mark8
109	-139.744	7.852	1004.216	Tire Friction Mark8
110	-119.450	8.606	1003.771	Tire Friction Mark8
111	-98.437	9.571	1003.305	Tire Friction Mark8
112	-89.629	24.988	1003.423	Tire Friction Mark9
113	-109.371	23.895	1003.672	Tire Friction Mark9
118	-127.095	19.274	1004.217	Tire Friction Mark9
119	-134.725	16.479	1004.301	Tire Friction Mark9
120	-142.985	12.700	1004.431	Tire Friction Mark10
121	-132.285	18.416	1004.290	Tire Friction Mark10
122	-122.502	23.720	1004.180	Tire Friction Mark10
123	-115.598	26.850	1004.086	Gouge Mark
124	-121.468	25.283	1004.184	Gouge Mark
125	-123.526	26.094	1004.238	Gouge Mark1
126	-135.933	20.902	1004.416	Gouge Mark1
127	-118.880	27.696	1004.194	Tire Friction Mark11
128	-104.500	30.751	1003.907	Tire Friction Mark11
129	-89.079	33.181	1003.615	Tire Friction Mark11
130	-75.751	34.583	1003.313	Tire Friction Mark11
131	-39.232	36.681	1002.481	Tire Friction Mark12
132	-59.947	35.695	1002.946	Tire Friction Mark12
133	-77.257	34.237	1003.327	Tire Friction Mark12
134	-89.705	32.711	1003.594	Tire Friction Mark12
135	-99.770	31.119	1003.797	Tire Friction Mark12
136	-111.139	28.994	1004.042	Tire Friction Mark12
137	-73.357	39.477	1003.317	Tire Friction Mark13
138	-82.579	38.555	1003.531	Tire Friction Mark13
139	-92.452	37.403	1003.736	Tire Friction Mark13
140	-106.206	35.069	1003.981	Tire Friction Mark13
141	-118.164	32.652	1004.234	Tire Friction Mark13
142	-115.821	34.054	1004.189	Tire Friction Mark1
143	-119.911	31.225	1004.251	Tire Friction Mark1
144	-126.884	27.628	1004.356	Tire Friction Mark1
145	-133.652	27.013	1004.488	Tire Friction Mark1
146	-139.483	27.869	1004.641	Tire Friction Mark1
147	-146.230	31.539	1004.869	Tire Friction Mark1
148	-116.288	33.804	1004.214	Tire Friction Mark2
149	-120.624	34.068	1004.364	Tire Friction Mark2
150	-128.563	35.670	1004.580	Tire Friction Mark2
151	-138.095	39.111	1004.829	Tire Friction Mark2
152	-144.466	46.335	1005.025	Tire Friction Mark2
153	-143.985	38.817	1004.953	Right Front Vehicle1
154	-156.714	45.539	1005.322	Right Rear Vehicle1
155	-159.920	41.383	1005.375	Left Rear Vehicle1
156	-146.292	34.180	1004.917	Left Front Vehicle1
157	-161.335	13.651	1004.866	Left Front Vehicle4
158	-147.757	15.665	1004.550	Left Rear Vehicle4
159	-147.042	9.929	1004.448	Right Rear Vehicle4
160	-160.834	8.722	1004.750	Right Front Vehicle4
161	-158.179	-3.133	1004.624	Right Front Vehicle3
162	-162.923	-4.407	1004.785	Left Front Vehicle3
163	-166.969	9.403	1004.933	Left Rear Vehicle3
164	-162.270	10.779	1004.817	Right Rear Vehicle3

Officer Name	ID No.	Supervisor Name	Date
R.A.Weeks	4955	Sergcant J. King, #3778	02/10/2004

EA12-005- Chrysler-006173

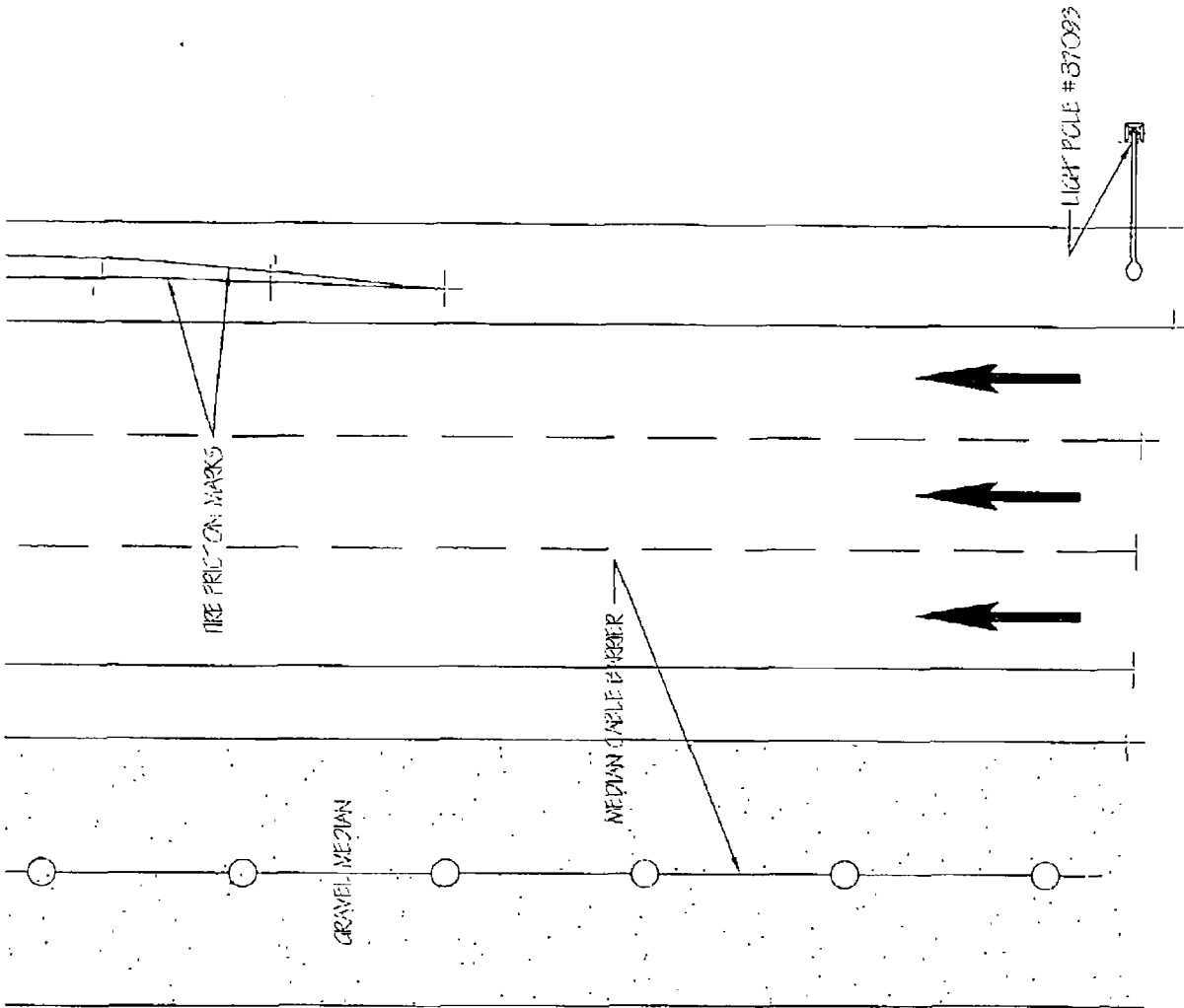
SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 604R ARIZONA DEPARTMENT OF TRANSPORTATION 316 S. 17 TH AVE., PHOENIX, ARIZONA 85017-5233	YEAR	MONTH	DAY	HOOR	NCIC	OFFICER'S ID NO.	AGENCY REPORT NUMBER
	2004/01/15			1320	0799	04722	2004-003998

**ACCIDENT DESCRIPTION
(NARRATIVE)**

165	-200.358	7.681	1005.682	Right Rear Vehicle2
166	-191.513	16.443	1005.632	Right Front Vehicle2
167	-187.709	13.439	1005.507	Left Front Vehicle2
168	-196.758	3.818	1005.541	Left Rear Vehicle2
169	-180.377	-4.310	1005.268	Left Rear Vehicle5
170	-179.620	-9.201	1005.153	Right Rear Vehicle5
171	-193.799	-11.174	1005.972	Right Front Vehicle5
172	-194.597	-6.166	1005.813	Left Front Vehicle5
173	-205.458	-10.187	1005.962	Man Hole
174	-191.491	16.452	1005.669	Tire Friction Mark6
175	-184.345	18.801	1005.541	Tire Friction Mark6
176	-175.690	20.135	1005.398	Tire Friction Mark6
177	-187.848	10.343	1005.461	Tire Friction Mark7
178	-179.512	11.258	1005.286	Tire Friction Mark7
179	-170.669	12.401	1005.116	Tire Friction Mark7
180	-162.599	22.954	1005.119	Tire Friction Mark6

Officer Name	ID No.	Supervisor Name	Date
R.A. Weeks	4955	Sergeant J. King, #3778	02/10/2004

EA12-005- Chrysler-006174



YEAR		MONTH		DAY		HOUR				INCIDENT NO.			OFFICER'S I.D.					
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Department Report

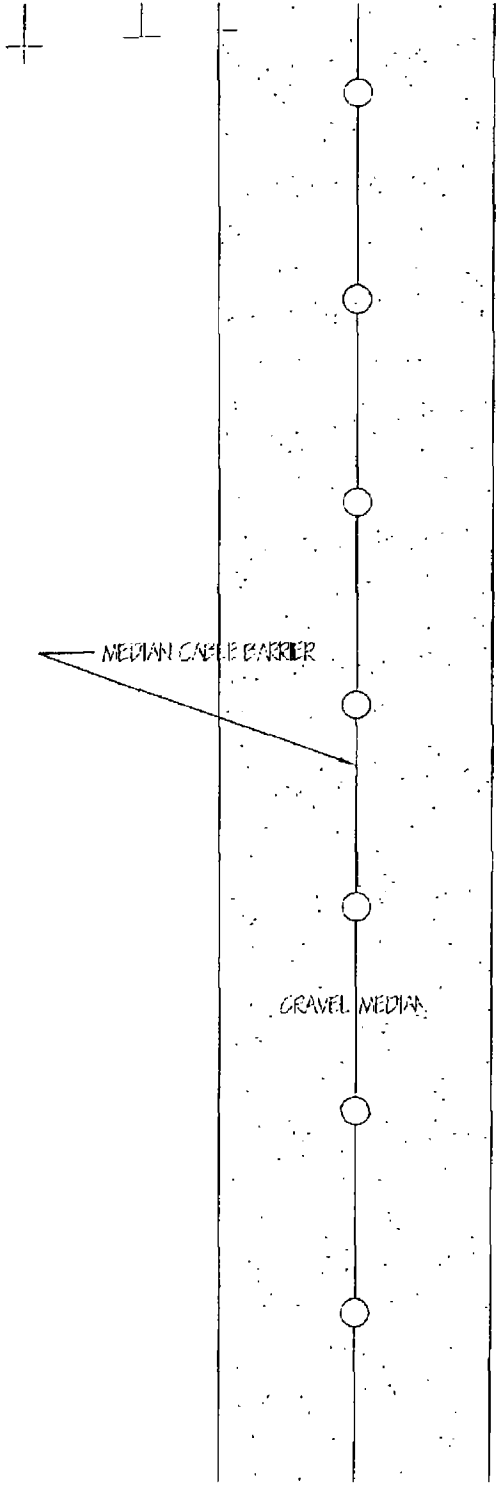
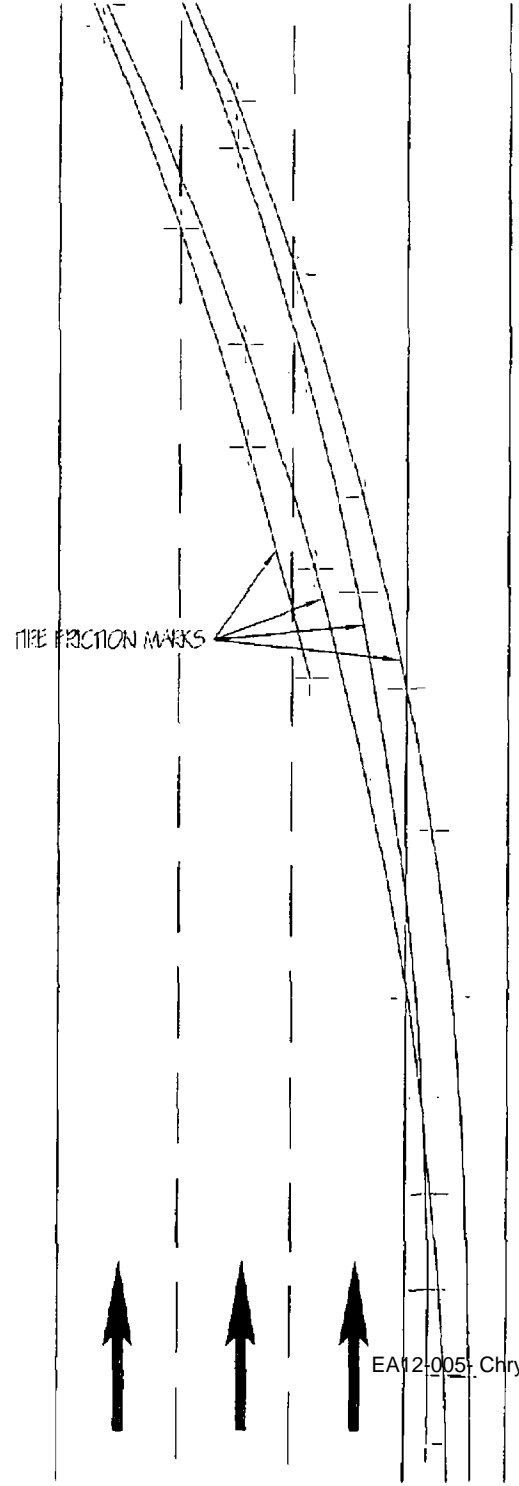
2004-003008

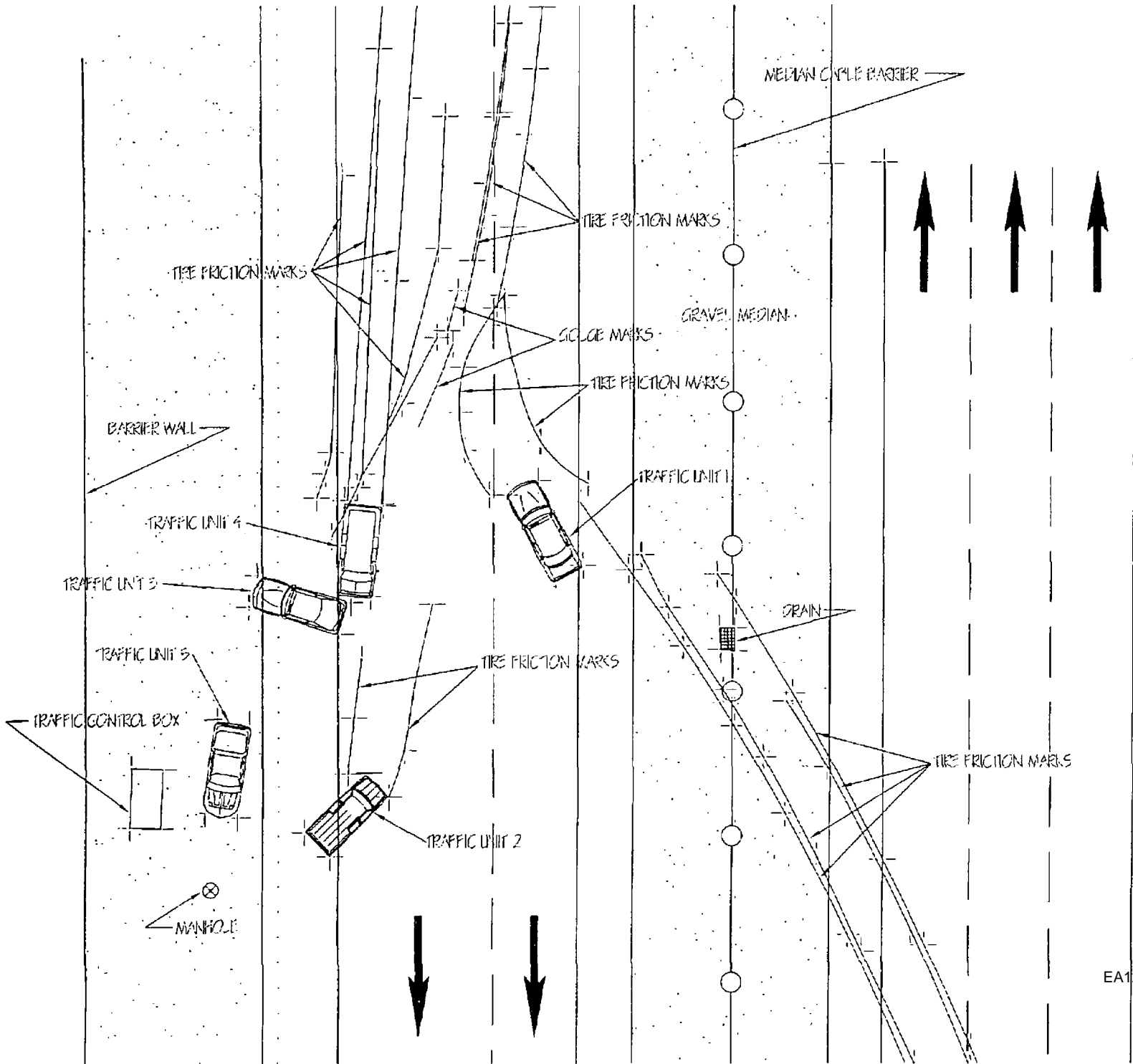
EA 12-005 Chrysler 000175

YEAR	MONTH	DAY	HOUR	MIN. NO.	OFFICER'S I.D.
04	01	05	03	00	04722

Department Report
#2004-003998

EA12-005 Chrysler -006176





YEAR	MONTH	DAY	HOOR	NCIC NO.	OFFICER'S I.D.
04	01	15	320	0799	04722

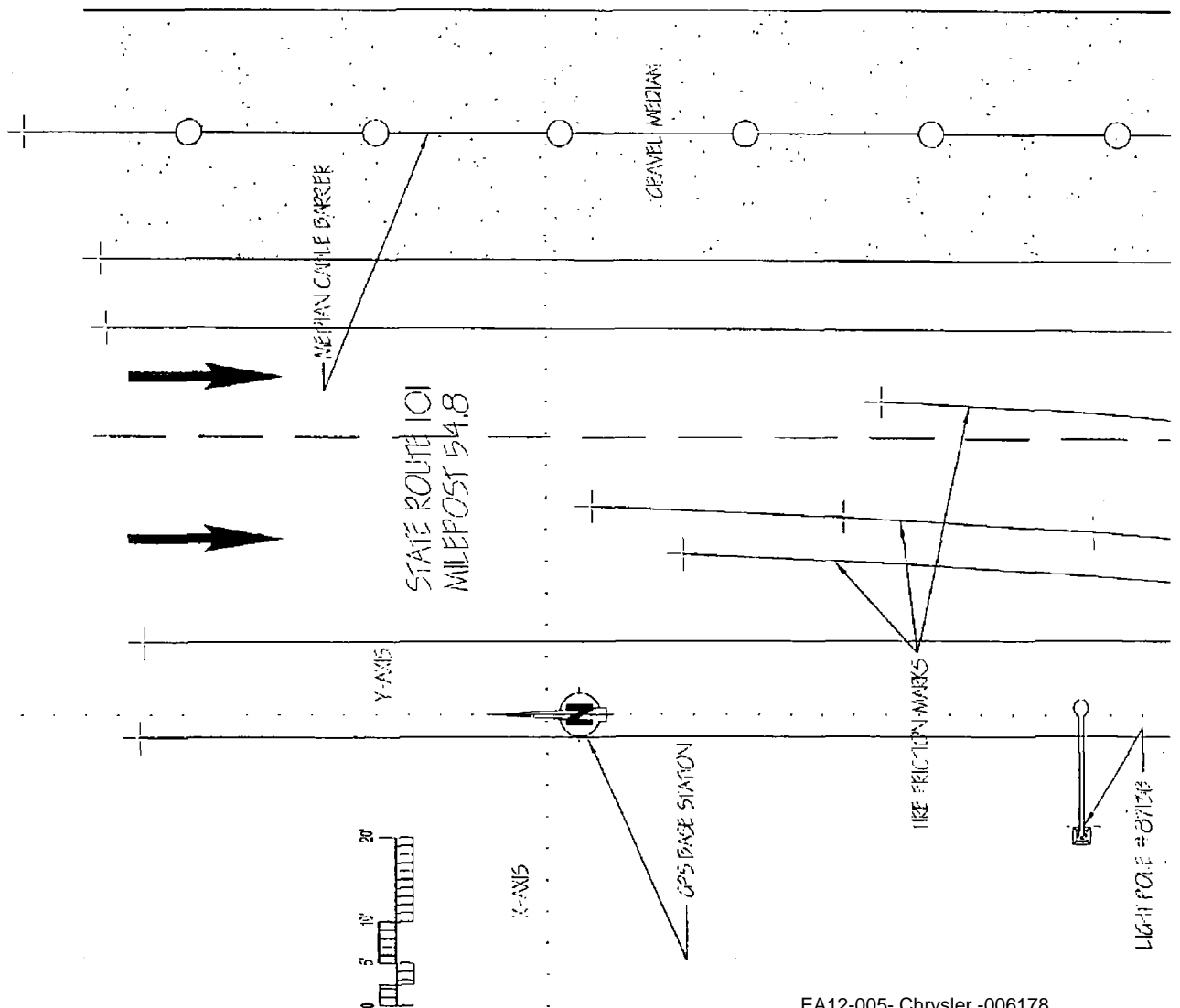
Department Report
#2004-003998

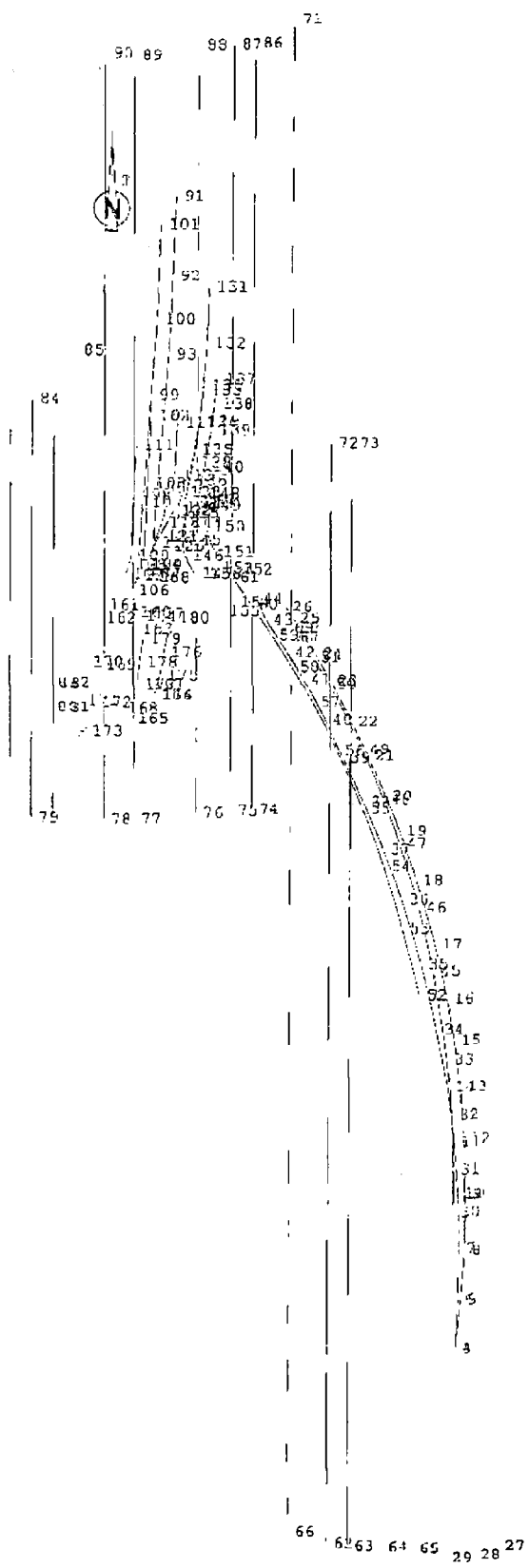
ARIZONA DEPARTMENT OF PUBLIC SAFETY VEHICULAR CRIMES AND COLLISION ANALYSIS UNIT

YEAR		MONTH		DAY		HOUR				NICK NO.			OFFICER'S I.D.					
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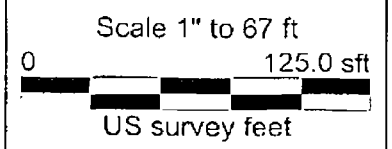
Department Report
2004-003998


Diagram completed by:
R. A. Weeks # 4955





Field surveyor:
 Computer operator:
 Reference:




 0°00'00"

Plot Scale: 1" to 67 ft
 Printed on 1/27/2004, at 10:24:50 AM
 Printed from Trimble Geomatics Office

Site: Not selected, System: Pi
 Zone: Zone from data collect
 EA12-005, Chrysler 006179
 Project: 2004003998
 US Feet

Points

Project name 2004003998
Coordinate Units US survey feet
Distance Units US survey feet
Height Units US survey feet
Date printed 1/27/2004 9:57:39 AM
Coordinate System Projection from data collector **Zone** Zone from data collector
Datum (WGS 84) **Geoid model** GEOID99 (Conus)

Coordinate units: US survey feet
 Elevation units: US survey feet

Point listing

Name	Northing	Easting	Elevation	Feature Code
1	0.000	0.000	999.998	DPS BASE
2	0.000	0.000	999.998	DPS BASE
3	-436.333	130.187	1011.177	BSMK1 NEWCV
4	-436.300	130.189	1011.179	BSMK2 NEWCV
5	-417.987	132.046	1010.706	BSMK1
6	-417.536	130.969	1010.689	BSMK2
7	-398.550	131.370	1010.276	BSMK2
8	-399.448	133.503	1010.221	BSMK1
9	-378.154	133.639	1009.744	BSMK1
10	-378.010	130.935	1009.793	BSMK2
11	-358.471	129.405	1009.373	BSMK2
12	-357.194	133.028	1009.264	BSMK1
13	-337.390	131.727	1008.846	BSMK1
14	-337.540	126.978	1008.928	BSMK2
15	-319.713	129.568	1008.444	BSMK1
16	-304.342	126.850	1008.130	BSMK1
17	-283.894	122.219	1007.741	BSMK1
18	-260.056	115.162	1007.329	BSMK1
19	-241.757	108.652	1007.034	BSMK1
20	-228.644	103.233	1006.823	BSMK1
21	-213.538	96.302	1006.576	BSMK1
22	-200.830	90.044	1006.412	BSMK1
23	-185.861	82.303	1005.853	BSMK1
24	-175.792	76.654	1004.810	BSMK1
25	-162.213	68.215	1004.307	BSMK1
26	-158.070	65.396	1004.839	BSMK1
27	-511.300	146.502	1012.790	8709B
28	-514.709	137.158	1013.167	EP1
29	-515.622	126.286	1013.126	LLS2
30	-385.202	129.075	1009.999	BSMK3 NEWCV
31	-368.899	129.150	1009.596	BSMK3
32	-348.200	128.535	1009.162	BSMK3
33	-327.182	126.830	1008.665	BSMK3
34	-316.012	122.886	1008.463	BSMK2
35	-291.582	117.078	1008.018	BSMK2
36	-267.393	109.551	1007.602	BSMK2
37	-248.888	102.460	1007.307	BSMK2
38	-231.234	94.868	1007.029	BSMK2
39	-214.520	86.919	1006.638	BSMK2
40	-200.429	80.261	1005.772	BSMK2

EA12-00168 Rysler -006180

41	-185.407	72.366	1004.697	BSMK2
42	-175.343	66.337	1004.199	BSMK2
43	-163.154	58.155	1004.784	BSMK2
44	-155.205	54.197	1005.020	BSMK2
45	-294.094	121.582	1008.046	BSMK3
46	-270.474	116.119	1007.624	BSMK3
47	-246.674	108.783	1007.201	BSMK3
48	-229.981	102.410	1006.928	BSMK3
49	-211.270	94.296	1006.651	BSMK3
50	-187.026	81.836	1005.759	BSMK3
51	-177.024	75.726	1004.811	BSMK3
52	-303.225	116.529	1008.335	BSMK4 NEWCV
53	-278.350	109.895	1007.895	BSMK4
54	-255.209	102.738	1007.511	BSMK4
55	-233.617	94.537	1007.156	BSMK4
56	-212.018	84.890	1006.568	BSMK4
57	-193.905	75.549	1005.140	BSMK4
58	-180.730	67.959	1004.317	BSMK4
59	-168.817	60.320	1004.733	BSMK4
60	-157.460	52.258	1005.196	BSMK4
61	-147.370	45.149	1005.132	BSMK4
62	-510.678	81.350	1013.430	EP6
63	-511.368	89.238	1013.774	LLS5
64	-511.698	102.059	1013.495	LLD4
65	-512.165	114.085	1013.248	LLD3
66	-506.026	66.941	1011.704	FCE7
67	-169.565	68.007	1004.312	GRATE
68	-166.150	67.945	1004.307	GRATE
69	-166.224	65.758	1004.273	GRATE
70	-169.386	65.922	1004.237	GRATE
71	61.100	68.188	998.723	FCE7
72	-96.878	82.381	1003.614	EP6
73	-96.628	90.296	1003.976	LLS5
74	-233.993	52.776	1006.941	EP8
75	-234.754	44.590	1007.213	LLS9
76	-235.737	32.025	1006.974	LLD10
77	-237.808	8.982	1006.600	LLS11
78	-238.370	-2.303	1006.659	EP12
79	-237.641	-29.304	1009.259	WALL
80	-195.992	-22.567	1007.210	BOX
81	-196.143	-17.896	1007.193	BOX
82	-187.096	-17.520	1007.247	BOX
83	-186.929	-22.261	1007.171	BOX
84	-80.626	-29.343	1004.944	WALL
85	-62.953	-13.258	1002.234	8713B
86	52.129	53.409	1000.166	EP8
87	51.391	45.381	1000.494	LLS9
88	51.048	32.609	1000.270	LLD10
89	47.096	8.413	999.877	LLS11
90	47.633	-2.663	999.932	EP12
91	-5.443	24.426	1001.423	BSMK5 NEWCV
92	-35.020	23.148	1002.093	BSMK5
93	-64.188	21.468	1002.768	BSMK5
94	-86.968	19.642	1003.252	BSMK5
95	-114.027	17.654	1003.847	BSMK5
96	-147.555	15.442	1004.576	BSMK5
97	-146.962	10.334	1004.444	BSMK5 NEWCV
98	-116.788	12.389	1003.784	BSMK6
99	-79.481	15.143	1002.981	BSMK6
100	-51.195	17.139	1002.329	BSMK6

EA12-005 Chrysler -006181

101	-16.090	18.781	1001.598	BSMK6
102	-87.221	15.177	1003.148	BSMK7
103	-112.566	13.990	1003.713	BSMK7
104	-142.695	12.535	1004.363	BSMK7 NEWCV
105	-145.036	11.814	1004.441	BSMK7
106	-152.403	7.980	1004.507	BSMK7
107	-146.668	5.717	1004.333	BSMK8 NEWCV
108	-142.947	7.055	1004.289	BSMK8
109	-139.744	7.852	1004.216	BSMK8
110	-119.450	8.606	1003.771	BSMK8
111	-98.437	9.571	1003.305	BSMK8
112	-89.629	24.988	1003.423	BSMK9
113	-109.371	23.895	1003.872	BSMK9 NEWCV
118	-127.095	19.274	1004.217	BSMK9
119	-134.725	16.479	1004.301	BSMK9
120	-142.985	12.700	1004.431	BSMK10
121	-132.285	18.416	1004.290	BSMK10
122	-122.502	23.720	1004.180	BSMK10
123	-115.598	26.850	1004.086	GMK
124	-121.468	25.288	1004.184	GMK
125	-123.526	26.094	1004.238	GMK1
126	-135.933	20.902	1004.416	GMK1
127	-118.880	27.696	1004.194	BSMK11 NEWCV
128	-104.500	30.751	1003.907	BSMK11
129	-89.079	33.181	1003.615	BSMK11
130	-75.751	34.583	1003.313	BSMK11
131	-39.232	36.681	1002.481	BSMK12 NEWCV
132	-59.947	35.695	1002.946	BSMK12
133	-77.257	34.237	1003.327	BSMK12
134	-89.705	32.711	1003.594	BSMK12
135	-99.770	31.119	1003.797	BSMK12
136	-111.139	28.994	1004.042	BSMK12
137	-73.357	39.477	1003.317	BSMK13 NEWCV
138	-82.579	38.555	1003.531	BSMK13
139	-92.452	37.403	1003.736	BSMK13
140	-106.206	35.069	1003.981	BSMK13
141	-118.164	32.652	1004.234	BSMK13
142	-115.821	34.054	1004.189	ASMK1 NEWCV
143	-119.911	31.225	1004.251	ASMK1
144	-126.884	27.628	1004.356	ASMK1
145	-133.652	27.013	1004.488	ASMK1
146	-139.483	27.869	1004.641	ASMK1
147	-146.230	31.539	1004.869	ASMK1
148	-116.288	33.804	1004.214	ASMK2 NEWCV
149	-120.624	34.068	1004.364	ASMK2
150	-128.563	35.670	1004.580	ASMK2
151	-138.095	39.111	1004.829	ASMK2
152	-144.466	46.335	1005.025	ASMK2
153	-143.985	38.817	1004.953	RFV1
154	-156.714	45.539	1005.322	RRV1
155	-159.920	41.383	1005.375	LFV1
156	-146.292	34.180	1004.917	LFV1
157	-161.335	13.651	1004.866	LFV2
158	-147.757	15.665	1004.550	LRV2
159	-147.042	9.929	1004.448	RRV2
160	-160.834	8.722	1004.750	RFV2
161	-158.179	-3.133	1004.624	RFV3
162	-162.923	-4.407	1004.785	LFV3
163	-166.969	9.403	1004.933	LRV3
164	-162.270	10.779	1004.817	RFV3

EA12-005 Chrysler -006182

165	-200.358	7.681	1005.682	RRV4
166	-191.513	16.443	1005.632	RFV4
167	-187.709	13.439	1005.507	LFV4
168	-196.758	3.818	1005.541	LRV4
169	-180.377	-4.310	1005.268	LRV5
170	-179.620	-9.201	1005.153	RRV5
171	-193.799	-11.174	1005.972	RFV5
172	-194.597	-6.166	1005.813	LFV5
173	-205.458	-10.187	1005.962	MANHOLE
174	-191.491	16.452	1005.669	ASMK6 NEWCV
175	-184.345	18.801	1005.541	ASMK6
176	-175.690	20.135	1005.398	ASMK6
177	-187.848	10.343	1005.461	ASMK7 NEWCV
178	-179.512	11.258	1005.286	ASMK7
179	-170.669	12.401	1005.116	ASMK7
180	-162.599	22.954	1005.119	ASMK6

[Back to top](#)



INCIDENT COMMAND SYSTEM LOG

DR NUMBER
2004-003998

DATE 1-5-04	TIME 1320	LOCATION S.R. 101 SOUTHERN
INCIDENT COMMANDER	NAME SGT P. DRAKE	NAME
	TIME 1320	TIME
TYPE OF INCIDENT 963		COMMAND POST LOCATION S.R. 101 SOUTHERN

NAME	BADGE	CALL SIGN	ASSIGNMENT	AGENCY	TIME IN	TIME OUT
G. AGUILERA	3386	11678		DPS	1320	1422
D SWENCKI	4100	11677		DPS	1320	1422
E 273			FIRE DEPT	TEMPE	1323	
L 273			FIRE DEPT	TEMPE	1327	
E 271			FIRE DEPT	TEMPE	1327	
SOUTHWEST AMBULANCE		#68	TRANSPORT		1323	1330
L. KETRON	4253	3E29	ICS LOG	DPS	1322	1425
R. REAVES	2977	3E22		DPS	1322	1422
T. OLSZAK	5625	3E		DPS	1323	1421
M. BOWLING	6258	3E42		DPS	1323	1421
P. MUDD	3229	7			1324	1349
J. BROOKS	5191	3E46			1330	1345
SGT. R. BLACK	4170	3E40			1333	1536
C. MARTIN	5176	3E43	ICS LOG @		1328	1705
S. DUFFY	11168	3E48			1335	1457
P. CURTIN	5757	3E			1334	1410
H. GOODMAN	6250				1334	1410
D. PARKINS	3077	PHOTO 3077		DPS	1358	1607
CMR CONNER	929	METROL		DPS	1358	1452

TYPE OF ASSISTANCE	TECHNICAL ASSISTANCE			ADDITIONAL ASSISTANCE		
	AGENCY	NAME	UNIT NO.	AGENCY	NAME	UNIT NO.
Fire	TEMPE		L276	MESA		E207
Police				TEMPE		E275
Sheriff				MESA		E203
Ambulance	SOUTHWEST	#108 #105 #74 #173				
Helicopter						
ADOT						
Tow Truck	CACTUS	#7, #1, #5, #11, #16				

EA12-005- Chrysler -006184



TRAFFIC ACCIDENT WITNESS STATEMENT

↓ DPS USE ONLY ↓

DR NUMBER: **09 03998**

DATE: **01/15/04**

WITNESS IS: DRIVER PASSENGER OTHER WITNESS

LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): **SR-101 MP 5.9**

START HERE | Please print all information |

WITNESS INFORMATION

NAME: LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED]

CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.): [REDACTED] CITY: **PHX** STATE: **AZ** ZIP CODE: [REDACTED]

BUSINESS NAME/ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

HOME PHONE: [REDACTED] BUSINESS PHONE: [REDACTED] BIRTH DATE (MO/DAY/YR): [REDACTED] DRIVER'S LICENSE NUMBER: [REDACTED] STATE: **AZ**

CIRCUMSTANCES

WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
**DRIVING SOUTH ON 101 GOLD CAR CROSSED MEDIAN AND
WENT HEAD ON**

WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
THE IMPACT

HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED?

HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT?

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camaro, etc.)	BODY STYLE (Station Wagon, etc.)
1	GOLD	HONDA	4 DOOR	
2	TAUPE	JEEP (ME)	4 DOOR LHS BODY	
3				
4				

WEATHER CONDITIONS

CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY OTHER:

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME: **NATIONWIDE** POLICY NUMBER: [REDACTED] EFFECTIVE FROM/TO DATES: **1/1 TO 1/1**

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	PHONE NUMBER	AGE	SEX
					M <input type="checkbox"/> F <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

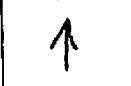
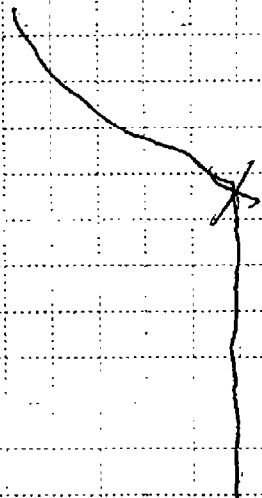
DIRECTION OF TRAVEL?
 NORTH SOUTH EAST WEST

CONTINUE ON THE BACK

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- (1) On the grid below indicate **NORTH** by placing an arrow pointing north in the box provided.
- (2) Using the grid area below draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles **BEFORE** the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

YOUR SIGNATURE

WITNESSED BY (OFFICER)

EA12-005- Chrysler -006187

STATE ID. NUMP



ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER: 0403998
DATE: 1/15/04

WITNESS IS: DRIVER PASSENGER OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): SR 101 V.M.P.S.4

START HERE | Please print all information |

WITNESS INFORMATION
NAME, LAST FIRST MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.) CITY STATE ZIP CODE
BUSINESS NAME/ADDRESS CITY STATE ZIP CODE
HOME PHONE BUSINESS PHONE BIRTH DATE (MO/DAY/YR) DRIVER'S LICENSE NUMBER STATE

CIRCUMSTANCES
WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
Driving down the road in my friend's car
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
Car running through the median smashing into the cars a big dust cloud
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? 1/4 mile or less
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 5

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT

Table with 5 columns: VEHICLE, COLOR, MAKE, MODEL, BODY STYLE. Contains handwritten entries for 4 vehicles: 1. gold Jeep SUV, 2. white Oldsmobile or Buick, 3. black Ford Mustang, 4. silver/blue Chevy van.

WEATHER CONDITIONS
CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY OTHER

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME POLICY NUMBER EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

Table with 7 columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX. Includes M/F checkboxes.

WHAT WAS YOUR SPEED? DIRECTION OF TRAVEL? NORTH SOUTH EAST WEST

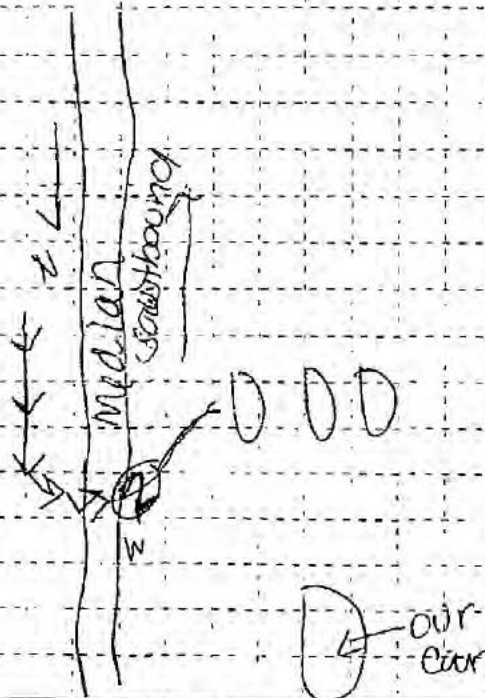
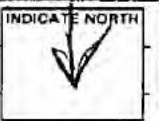
CONTINUE ON THE BACK

EA12-005-Chrysler-006188

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white sedan went across the median, I don't know which car was hit first because there was a huge cloud of dust sort of covering the whole thing... I saw a girl jump out of a car & then they were on fire

- (1) On the grid below indicate **NORTH** by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles **BEFORE** the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.



YOUR SIGNATURE

WITNESSED BY (OFFICER)

EA12-005-Chrysler 888189

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ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER: 0403998
DATE: 1/18/09

WITNESS IS: DRIVER PASSENGER OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): S. C. RIVER P. 64/0

START HERE | Please print all information |

WITNESS INFORMATION
NAME, LAST, FIRST, MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.)
CITY: Tempe, STATE: AZ, ZIP CODE
BUSINESS NAME/ADDRESS
CITY, STATE, ZIP CODE
HOME PHONE, BUSINESS PHONE, BIRTH DATE (MO/DAY/YR), DRIVER'S LICENSE NUMBER, STATE: AZ

CIRCUMSTANCES
WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
driving to Chandler Mall
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
car going over the median - instant fire
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED: quarter of a mile - 100 feet
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 5

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT
Table with 4 columns: VEHICLE, COLOR, MAKE (Ford, Chevy, etc.), MODEL (Mustang, Camaro, etc.), BODY STYLE (Station Wagon, etc.)
Row 1: 1, gold, Jeep, Liberty
Row 2: 2, black, Ford, Mustang
Row 3: 3, white, Olds/Buick,
Row 4: 4, white, Chevy, van

WEATHER CONDITIONS
CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY OTHER

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT
INSURANCE COMPANY NAME, POLICY NUMBER, EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)
Table with 5 columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX (M/F)

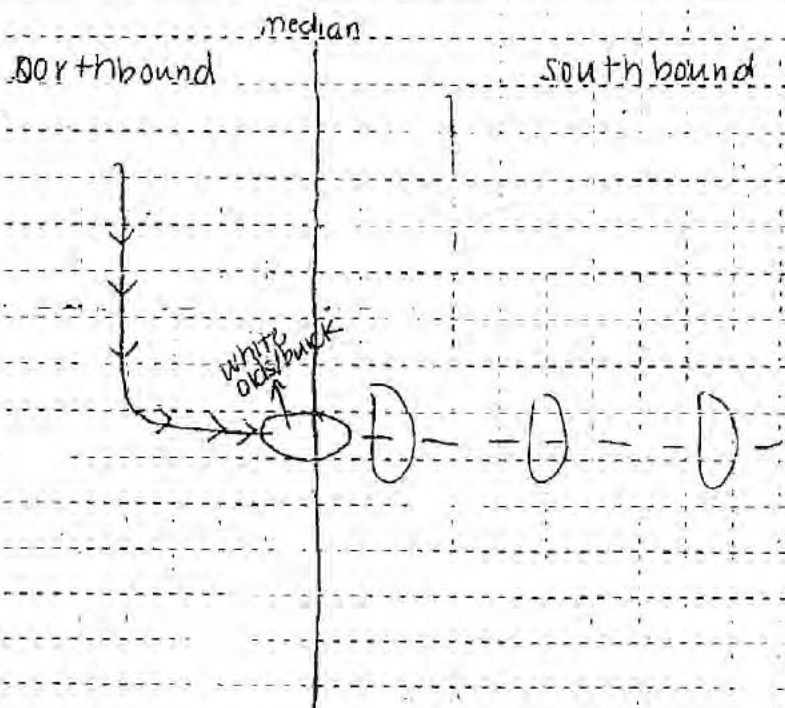
WHAT WAS YOUR SPEED? 65 M.P.H.
DIRECTION OF TRAVEL? NORTH SOUTH EAST WEST

CONTINUE ON THE BACK

DN NUMBER							

White Oldsmobile/Buick went across the freeway and hit the cars in a straight line then the Jeep started on fire and everyone started running out.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.



INDICATE NORTH

my car ~~my car~~



ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER: 0403998
DATE: 1-15-09

WITNESS IS: DRIVER PASSENGER OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): SR 101 I-17 S

START HERE | Please print all information |

WITNESS INFORMATION

NAME, LAST FIRST MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.) CITY STATE ZIP CODE
BUSINESS NAME/ADDRESS CITY STATE ZIP CODE
HOME PHONE BUSINESS PHONE (cc) BIRTH DATE (MO/DAY/YR) DRIVER'S LICENSE NUMBER STATE
AZ

CIRCUMSTANCES

WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED?
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT?

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT

Table with 4 columns: VEHICLE, COLOR, MAKE (Ford, Chevy, etc.), MODEL (Mustang, Camaro, etc.), BODY STYLE (Station Wagon, etc.)
Row 1: 1, Green, Jeep, Cher.

WEATHER CONDITIONS
[X] CLEAR [] RAIN [] SNOW [] DUST [] FOG [] STRONG WINDS [] CLOUDY [] OTHER:

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME POLICY NUMBER EFFECTIVE FROM/TO DATES
/ / TO / /

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

Table with 6 columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX
M F

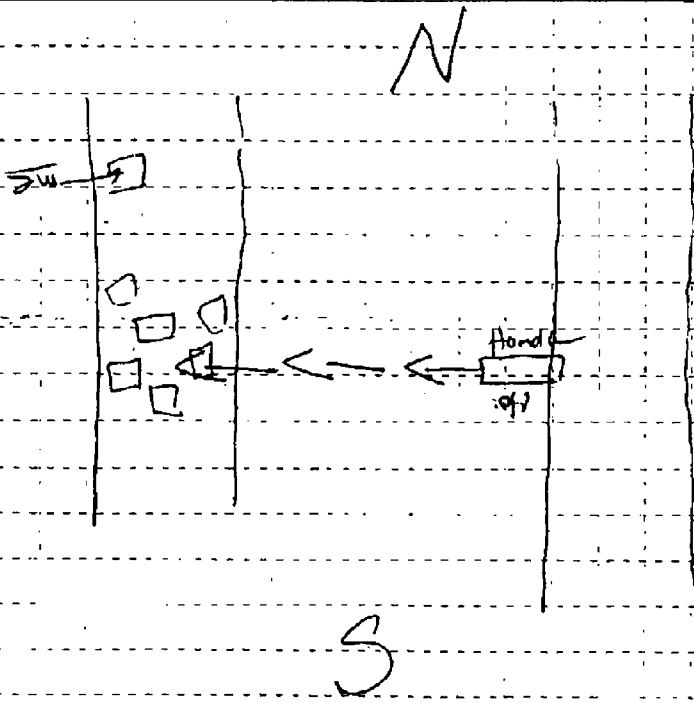
WHAT WAS YOUR SPEED? DIRECTION OF TRAVEL?
~ 60 M.P.H. [] NORTH [X] SOUTH [] EAST [] WEST

CONTINUE ON THE BACK

DR NUMBER					
DATE					

I was traveling south bound on the ~~101~~ 101 when just south of the Southern Ave. Overpass when I noticed a dark colored (blue I believe) Honda heading straight across the median from the north bound side of the freeway. The Honda broke right thru the barrier and drove perpendicular into the south bound traffic hitting several cars. Other cars hit those cars which resulted in I believe six cars/vehicles total. My car was two cars behind the last one involved. My car and myself are unharmed.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.



INDICATE NORTH

YOUR SIGNATURE

WITNESSED BY (OFFICER)

EA12-005-Chrysler-000199

ID NUMBER				
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER 04-03998
DATE 1-15-04

WITNESS IS: [] DRIVER [] PASSENGER [] OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.) SR 101 MP 54

START HERE | Please print all information |

WITNESS INFORMATION
NAME, LAST, FIRST, MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.)
BUSINESS NAME/ADDRESS
HOME PHONE, BUSINESS PHONE cell, BIRTH DATE (MO/DAY/YR), DRIVER'S LICENSE NUMBER, STATE

CIRCUMSTANCES
WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
Driving down 101 behind the tan van.
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
The brown car hit the black SUV and the other car collided.
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? 60 ft.
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 5

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT
Table with columns: VEHICLE, COLOR, MAKE (Ford, Chevy, etc.), MODEL (Mustang, Camaro, etc.), BODY STYLE (Station Wagon, etc.)

WEATHER CONDITIONS
[] CLEAR [] RAIN [] SNOW [] DUST [] FOG [] STRONG WINDS [] CLOUDY [] OTHER:
radon

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT
INSURANCE COMPANY NAME, POLICY NUMBER, EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)
Table with columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX (M, F)

WHAT WAS YOUR SPEED? M.P.H.
DIRECTION OF TRAVEL? [] NORTH [] SOUTH [] EAST [] WEST

CONTINUE ON THE BACK

DESCRIPTION OF ACCIDENT

DPS USE ONLY

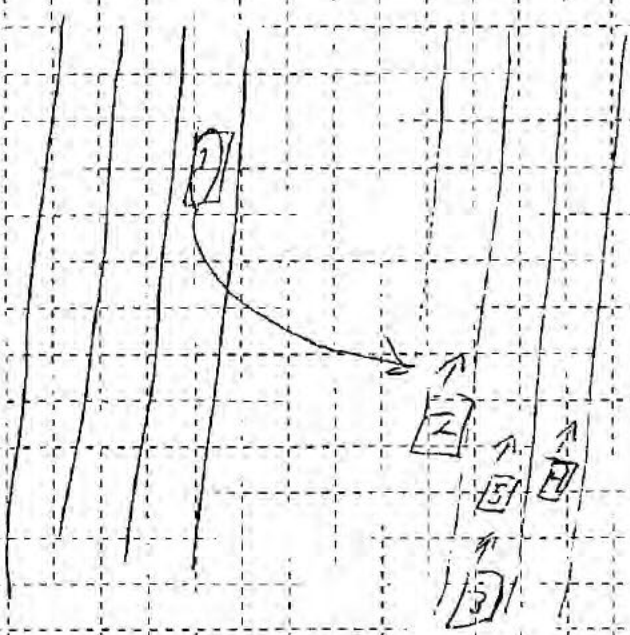
DR NUMBER

Brown Honda came across the street and collided with Black SUV. The SUV caught fire and skid across the highway. White car and minivan were hit by the SUV and the van ran into the white car.

Grid for DR NUMBER

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
(2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
(3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
(4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH with a downward arrow



EA12-005-Chrysler-006195

YOUR SIGNATURE

WITNESSED BY (OFFICER)

ID. NUMBER

[Redacted signature]

Grid for ID. NUMBER



ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER 0403998
DATE 1-15-04

WITNESS IS: [X] DRIVER [] PASSENGER [] OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.) SR 101 MP 54

START HERE | Please print all information |

WITNESS INFORMATION
NAME, LAST, FIRST, MIDDLE
CURRENT MAILING ADDRESS
BUSINESS NAME/ADDRESS NETWORK APPLIANCE
HOME PHONE, BUSINESS PHONE, BIRTH DATE, DRIVER'S LICENSE NUMBER, STATE

CIRCUMSTANCES
WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT? DRIVING IN FAR LEFT LANE AMONGST LIGHT GROUPING OF TRAFFIC
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? OPPOSING CAR HEADING NORTH BOUND BEGAN RUNNING PARALLEL WITH MEDIAN IN DIRT SHOULDER. WITHIN SECONDS, OPPOSING CAR MADE SHARP 90° TURN INTO ONCOMING TRAFFIC. THERE IMPACT FIRST.
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? 100'
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 5

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT
Table with columns: VEHICLE, COLOR, MAKE, MODEL, BODY STYLE. Rows include Gold sedan, Jeep van, and Mustang.

WEATHER CONDITIONS
[X] CLEAR [] RAIN [] SNOW [] DUST [] FOG [] STRONG WINDS [] CLOUDY [] OTHER:

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT
INSURANCE COMPANY NAME, POLICY NUMBER, EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)
Table with columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX (M/F)

WHAT WAS YOUR SPEED? M.P.H.
DIRECTION OF TRAVEL? [] NORTH [] SOUTH [] EAST [] WEST

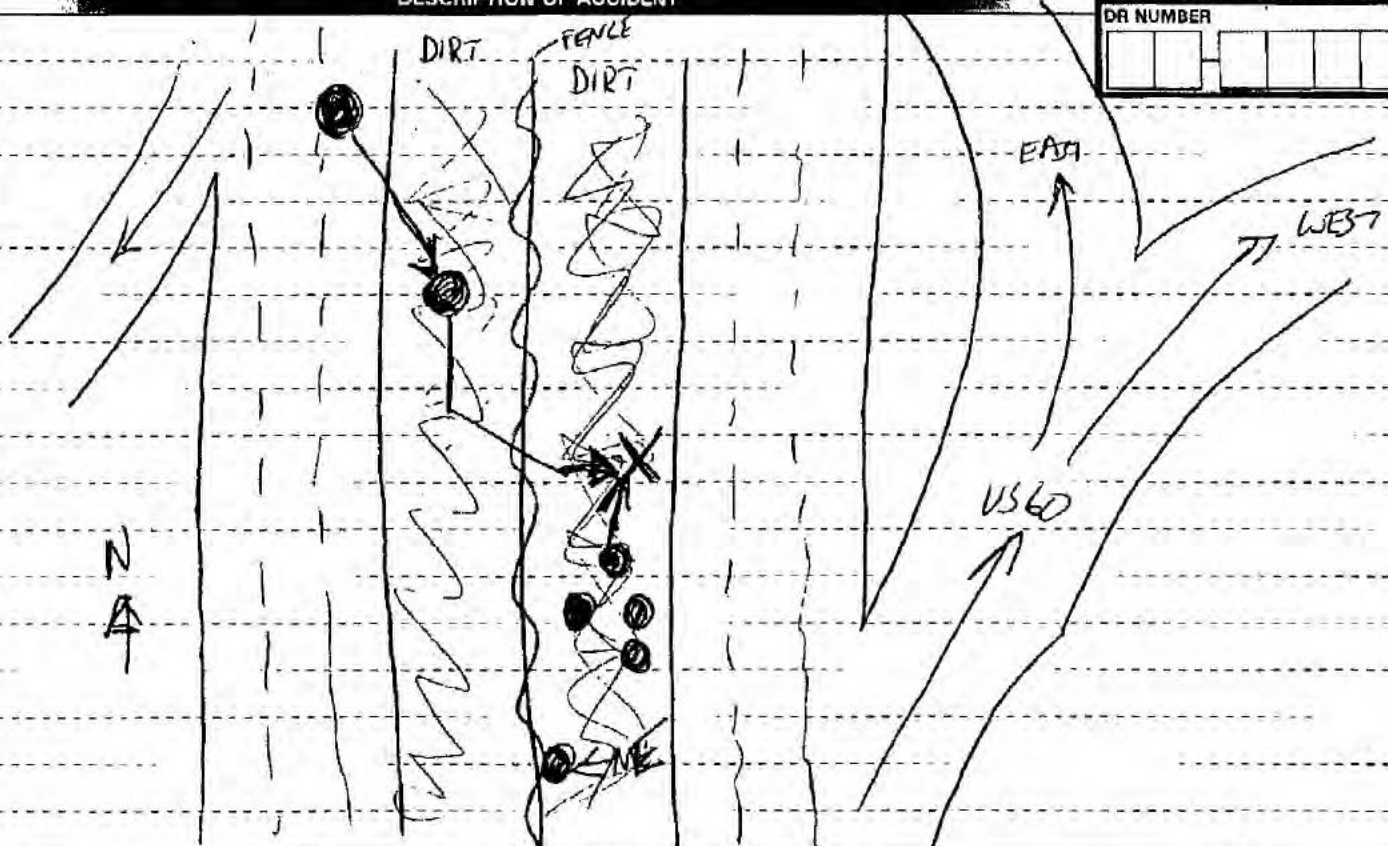
CONTINUE ON THE BACK

DESCRIPTION OF ACCIDENT

↓ DPS USE ONLY ↓

DR NUMBER

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- (1) On the grid below indicate **NORTH** by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles **BEFORE** the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

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EA12-005- Chrysler -006197

YOUR SIGNATURE

WITNESSED BY (OFFICER)

ID. NUMBER

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ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER 04-03998
DATE 1-15-04

WITNESS IS: [] DRIVER [] PASSENGER [] OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.) SR 101 TYP 54

START HERE | Please print all information |

WITNESS INFORMATION
NAME, LAST, FIRST, MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.)
BUSINESS NAME/ADDRESS
HOME PHONE, BUSINESS PHONE, BIRTH DATE (MO/DAY/YR), DRIVER'S LICENSE NUMBER, STATE

CIRCUMSTANCES
WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED?
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT?

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT
Table with columns: VEHICLE, COLOR, MAKE (Ford, Chevy, etc.), MODEL (Mustang, Camaro, etc.), BODY STYLE (Station Wagon, etc.)

WEATHER CONDITIONS
[] CLEAR [] RAIN [] SNOW [] DUST [] FOG [] STRONG WINDS [] CLOUDY [] OTHER:

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT
INSURANCE COMPANY NAME, POLICY NUMBER, EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)
Table with columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX

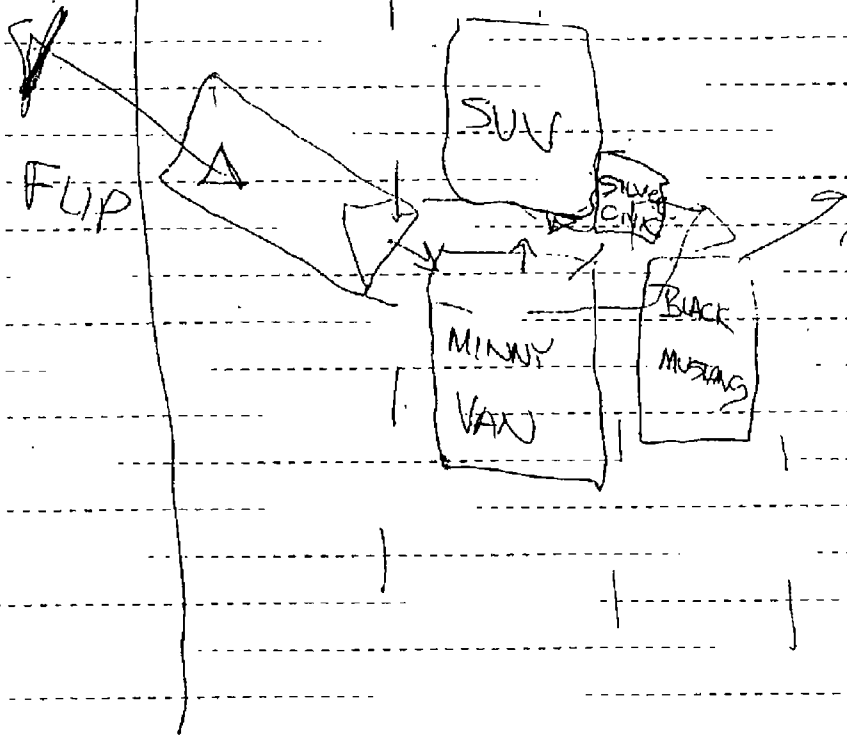
WHAT WAS YOUR SPEED? 59 M.P.H.
DIRECTION OF TRAVEL? [] NORTH [X] SOUTH [] EAST [] WEST

DESCRIPTION OF ACCIDENT

↓ DPS USE ONLY ↓

DR NUMBER

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- (1) On the grid below indicate **NORTH** by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles **BEFORE** the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

WHI FORD

INDICATE NORTH

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EA12-005- Chrysler -006199

YOUR SIGNATURE

WITNESSED BY (OFFICER)

ID. NUMBER

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ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER: 08 03998
DATE: 7-13-04

WITNESS IS: DRIVER PASSENGER OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): SR101 MFSY

START HERE | Please print all information |

WITNESS INFORMATION
NAME, LAST FIRST MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.)
BUSINESS NAME/ADDRESS
HOME PHONE BUSINESS PHONE BIRTH DATE (MO/DAY/YR) DRIVER'S LICENSE NUMBER STATE

CIRCUMSTANCES
WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
driving S on 101
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
Gold car heading ACCORDY heading N HIT jeep Liberty
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED?
a few feet in front
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT?

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT
Table with columns: VEHICLE, COLOR, MAKE, MODEL, BODY STYLE

WEATHER CONDITIONS
CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY OTHER

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT
INSURANCE COMPANY NAME POLICY NUMBER EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)
Table with columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX

WHAT WAS YOUR SPEED? M.P.H.
DIRECTION OF TRAVEL? NORTH SOUTH EAST WEST

EA12-005-Chrysler-006200
CONTINUE ON THE BACK
DPS 802-01050 Rev. 3/95

OR NUMBER

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- (1) On the grid below indicate **NORTH** by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles **BEFORE** the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

--

YOUR SIGNATURE

[Handwritten signature]


WITNESSED BY (OFFICER)

[Handwritten signature]

EA12-005- Chrysler

STANDARD NUMBER
006201
6 1 6 8



ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER: 04 03998
DATE: 11-25-04

WITNESS IS: [] DRIVER [] PASSENGER [] OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): SB 101 AMP 54

START HERE | Please print all information |

WITNESS INFORMATION
NAME, LAST, FIRST, MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.)
CITY: Phoenix STATE: AZ ZIP CODE
BUSINESS NAME/ADDRESS: N/A CITY STATE ZIP CODE
HOME PHONE BUSINESS PHONE BIRTH DATE (MO/DAY/YR) DRIVER'S LICENSE NUMBER STATE: AZ

CIRCUMSTANCES
WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
Driving Down (south) on Loop 101
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
TAN Honda shot across wire from North bound lane and struck a Gray VAN, then things just blew up.
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? 3 cars behind all cars in accident
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 5

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT
Table with 5 columns: VEHICLE, COLOR, MAKE (Ford, Chevy, etc.), MODEL (Mustang, Camaro, etc.), BODY STYLE (Station Wagon, etc.)
Row 1: 1 TAN HONDA Accord 4 Dr.
Row 2: 2 Gray Chrysler Mini VAN VAN
Row 3: 3 Black Mustang GT GT
Row 4: 4 TAN Jeep Liberty SUV
WEATHER CONDITIONS: [x] CLEAR [] RAIN [] SNOW [] DUST [] FOG [] STRONG WINDS [] CLOUDY [] OTHER: 5 white / Toyota / ce/eca

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT
INSURANCE COMPANY NAME POLICY NUMBER EFFECTIVE FROM/TO DATES: / / TO / /

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)
Table with 6 columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX (M/F)

WHAT WAS YOUR SPEED? DIRECTION OF TRAVEL?
M.P.H. [] NORTH [] SOUTH [] EAST [] WEST

CONTINUE ON THE BACK

DESCRIPTION OF ACCIDENT

↓ DPS USE ONLY ↓

DR NUMBER

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- (1) On the grid below indicate **NORTH** by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles **BEFORE** the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

YOUR SIGNATURE

WITNESSED BY (OFFICER)

[Handwritten Signature]

EA12-005- Chrysler -006203

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ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER: 0408998
DATE: 1/15/04

WITNESS IS: [] DRIVER [] PASSENGER [x] OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): 5301 ST 5 RD / MP 54

START HERE | Please print all information |

WITNESS INFORMATION
NAME, LAST, FIRST, MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.)
CITY: SCOTT, STATE: AZ, ZIP CODE
BUSINESS NAME/ADDRESS: SELF, CITY, STATE, ZIP CODE
HOME PHONE, BUSINESS PHONE, BIRTH DATE (MO/DAY/YR), DRIVER'S LICENSE NUMBER, STATE: AZ

CIRCUMSTANCES
WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
HEADING SOUTH ON 101
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
GOLD HONDA SLIDING SIDWAYS ACROSS SOUTH BOUND 101 FREEWAY
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? 20 YARDS
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 5

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT
Table with columns: VEHICLE, COLOR, MAKE (Ford, Chevy, etc.), MODEL (Mustang, Camaro, etc.), BODY STYLE (Station Wagon, etc.)
1 GOLD HONDA 4 DOOR SEDAN
2 BLACK MUSTANG 2 DOOR CAR
3 WHITE TOYOTA 2 DOOR
4 RED SUV

WEATHER CONDITIONS
[] CLEAR [] RAIN [] SNOW [] DUST [] FOG [] STRONG WINDS [] CLOUDY [] OTHER:

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT
INSURANCE COMPANY NAME, POLICY NUMBER, EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)
Table with columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX (M/F)

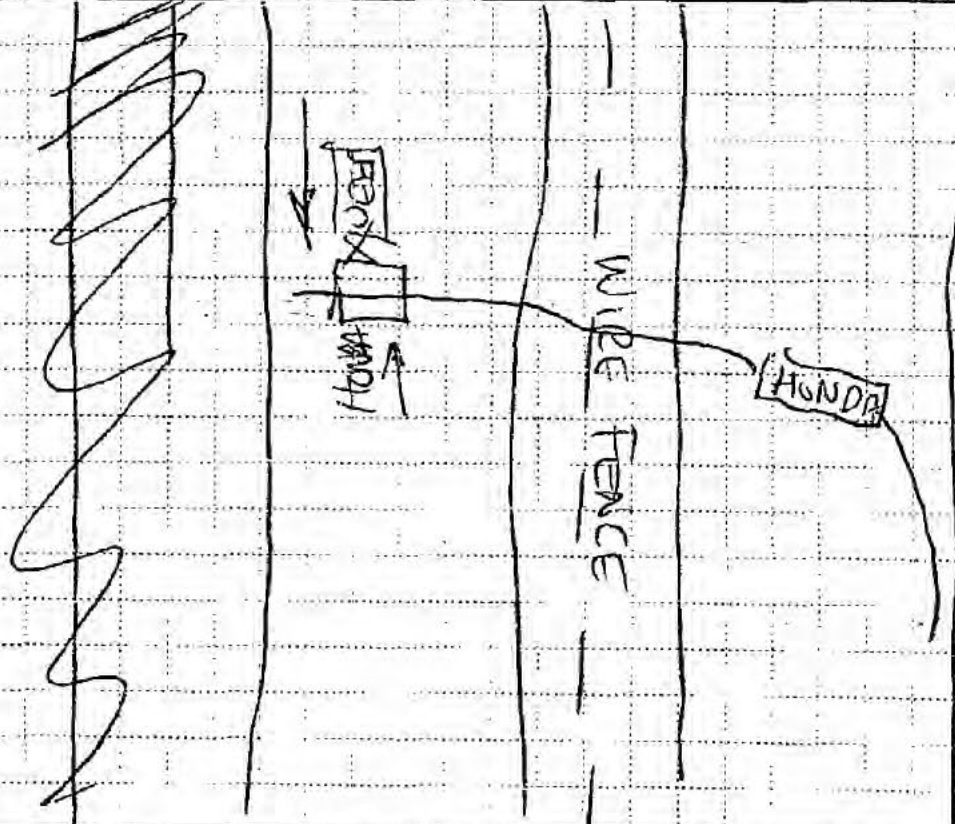
WHAT WAS YOUR SPEED? DIRECTION OF TRAVEL?
M.P.H. [] NORTH [] SOUTH [] EAST [] WEST

EA12-005-Chrysler-006204
CONTINUE ON THE BACK

DR NUMBER			

I WAS HEADING ~~SOUTH~~^{SOUTH} BOUND ON THE 101 & ABOUT BROADWAY - IN THE LEFT LANE I SAW A GOLD CAR SLIDING SIDEWAYS ACROSS THE ~~SOUTH~~^{NORTH} BOUND 101 ~~WITH~~ WITH SMOKE COMING OFF THE TIRES AS IT ~~IS~~ WAS SLIDING ACROSS THE FREEWAY INTO THE WIRE ~~BAR~~ BARRIER. THE CAR CAME THROUGH THE ~~WIRE~~ WIRE INTO SOUTH BOUND TRAFFIC CROSSING 10-20 YARDS IN FRONT OF MY TRUCK THEN I SAW A JEEP HIT THE GOLD HONDA AND THE JEEP EXPLODED INTO FLAMES.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.



YOUR SIGNATURE
 [Redacted Signature]

WITNESSED BY (OFFICER)
 [Redacted Signature]

EA12-005- Chrysler

DR. NO. NUMBER	YEAR
006205	6 0 5



TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
CR NUMBER: 0403998
DATE: 11-15-04

WITNESS IS: DRIVER PASSENGER OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.):

START HERE | Please print all information |

WITNESS INFORMATION

NAME, LAST FIRST MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.) CITY STATE ZIP CODE
BUSINESS NAME/ADDRESS CITY STATE ZIP CODE
HOME PHONE BUSINESS PHONE BIRTH DATE (MO/DAY/YR) DRIVER'S LICENSE NUMBER STATE

CIRCUMSTANCES

WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT? TRAVELING SOUTH Bound on 101 High speed Lane
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.) Vehicle (Black) swerved in North Bound side High speed Lane came through cable Barrier crossed behind me hit other vehicles behind me Big cloud dust as car came through cables
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? 50'
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 4

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT

Table with 5 columns: VEHICLE, COLOR, MAKE (Ford, Chevy, etc.), MODEL (Mustang, Camaro, etc.), BODY STYLE (Station Wagon, etc.)

WEATHER CONDITIONS 25 unknown unknown
CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY OTHER:

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME POLICY NUMBER EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

Table with 6 columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX

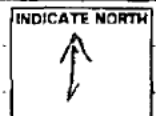
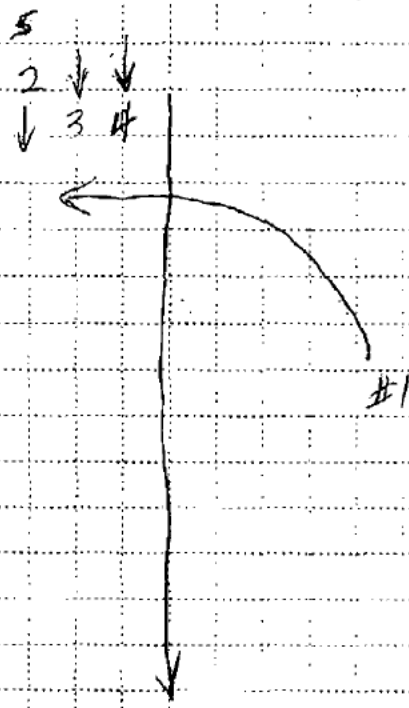
WHAT WAS YOUR SPEED? 65/70 M.P.H. DIRECTION OF TRAVEL? NORTH SOUTH EAST WEST

CONTINUE ON THE BACK

OR NUMBER					
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was traveling south bound 101, saw
 (Black) vehicle swerve out of north bound
 101 lane into gravel & cable barriers then passed
 thru cables with huge cloud of dust heard
 vehicles colliding with others then cars ~~got~~ caught
 fire.

- (1) On the grid below indicate **NORTH** by placing an arrow pointing north in the box provided.
- (2) Using the grid area below draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles **BEFORE** the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.



YOUR SIGNATURE
 [Redacted Signature]

WITNESSED BY (OFFICER)
 [Signature]

EA12-005- Chrysler - 006207
 2007



ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
CR NUMBER 0403998
DATE 7-15-04

WITNESS IS: DRIVER PASSENGER OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.)

START HERE | Please print all information |

WITNESS INFORMATION

NAME, LAST FIRST MIDDLE
CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.) CITY STATE ZIP CODE
BUSINESS NAME/ADDRESS CITY STATE ZIP CODE
HOME PHONE BUSINESS PHONE BIRTH DATE (MO/DAY/YR) DRIVER'S LICENSE NUMBER STATE AZ

CIRCUMSTANCES

WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?
DRIVING NORTH ON 101
WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)
HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED?
HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT?

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT

Table with 4 columns: VEHICLE, COLOR, MAKE (Ford, Chevy, etc.), MODEL (Mustang, Camaro, etc.), BODY STYLE (Station Wagon, etc.)

WEATHER CONDITIONS
CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY OTHER

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME POLICY NUMBER EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

Table with 6 columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX (M/F)

WHAT WAS YOUR SPEED? M.P.H. DIRECTION OF TRAVEL? NORTH SOUTH EAST WEST

CONTINUE ON THE BACK

OR NUMBER							
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Large grid area for accident description and diagram.

- (1) On the grid below indicate **NORTH** by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles **BEFORE** the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

Large grid area for drawing the accident diagram.

YOUR SIGNATURE	WITNESSED BY (OFFICER)	EA12-005- Chrysler - 006208
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MATTER # 1138696
FILE TYPE Customer Assistance Inquiry Report and Legal Claim
FILE NAME [REDACTED]
CAIR # 11981869
DATE OF INCIDENT 01/15/2004
DATE OF NOTICE 01/16/2004
MODEL/MODEL YEAR 2004 Jeep Liberty (KJ)
VIN 1J4GK48KX4W [REDACTED]
MILEAGE 3,000
OWNER [REDACTED]
[REDACTED]
Phoenix, AZ
[REDACTED]
COURT
DOCKET #
FIRE ALLEGED Yes
DESCRIPTION On January 15, 2004, a 2004 Jeep Liberty (KJ) was travelling southbound on S.R. 101, a limited access divided highway, in Tempe, Arizona. The posted speed limit at the site of the accident was either 55 or 65 mph (the police accident reports both). According to the police accident report, a 2000 Honda passenger car, operated by [REDACTED] northbound on S.R. 101, lost control for an unknown reason and travelled off the roadway to the left, crossing the median dividing the north and southbound lanes of travel. The Honda travelled under a median cable barrier into the southbound lanes of travel where the driver's side of the Honda struck the left-front corner of the Jeep Liberty (KJ). The Jeep Liberty (KJ) was then struck in the rear by a 1982 Toyota Supra. While the Jeep Liberty (KJ) and Toyota Supra were in contact with each other, they were struck by a Plymouth Voyager minivan. The Plymouth Voyager was subsequently struck in the rear by a Ford Mustang. The investigating police officer reported that all of the involved vehicles were travelling at speeds between 55-65 mph at the time of the accident. All of the vehicles came to rest in the southbound lanes of travel or on the road shoulder. The police accident report and witness statements reflect that a fire occurred in the area of the Jeep Liberty (KJ).
PROPERTY DAMAGE ALLEGED No
INJURIES 2
FATALITIES 1

ANALYSIS

The 2004 Jeep Liberty (KJ) was inspected and a copy of the police accident report and related police investigation was obtained. Based on the available information, Chrysler Group does not have enough information to determine likely relative impact velocities between the Honda passenger car and the Jeep Liberty (KJ) or the Jeep Liberty (KJ) and the Toyota Supra. Chrysler Group notes that the investigating police officer reported that all of the vehicles were travelling 55-65 mph at the time of the accident and recorded approximately 100 feet of tire marks in the southbound lanes of travel leading up to the impact point between the Honda passenger car and the Jeep Liberty (KJ). Chrysler Group also does not have enough information to determine when in the accident sequence the Jeep Liberty (KJ) fuel tank ruptured, if at all, or whether the origin of the fire was at the fuel tank because the fuel tank and fuel filler tube were missing from the vehicle when it was inspected.¹ Because of the multiple collisions to the Jeep Liberty (KJ) occurring within an extremely short time of each other and the lack of damage to the rear end of the Jeep Liberty (KJ), Chrysler Group is also unable to determine whether the Jeep Liberty (KJ) was oriented on all four wheels at the time of the subsequent collisions with the Toyota Supra and Plymouth Voyager. The damaged condition of the Jeep Liberty (KJ) is depicted in the photographs in Enclosure 3 Public, Bates page numbers EA12-005 – Chrysler – 006147 and 6154.

¹ An inspection was conducted at the request of counsel in anticipation of litigation and the report is being withheld under a claim of attorney work-product privilege.

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Lawsuits and Claims

Jeep Liberty (KJ)

JS

COPY

IN THE UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF PENNSYLVANIA

ROBERT E. DAVIS, individually and as
Administrator of the Estate of CHRISTINE A.
ZADJELOVICH, deceased, and on behalf of all
beneficiaries and heirs of CHRISTINE A.
ZADJELOVICH, deceased;

Case No. **07 -0767**

**COMPLAINT FOR WRONGFUL
DEATH AND SURVIVAL
DAMAGES**

Plaintiff,

DEMAND FOR JURY TRIAL.

vs.

DNH ENTERPRISES; BUILDER SERVICES
GROUP, INC., a corporation; MASCO
CONTRACTOR SERVICES, INC., a corporation;
MASCO CORPORATION, a corporation; RYDER
TRUCK RENTAL, INC., a corporation;
LAWRENCE E. BANKS, an individual;
FREIGHTLINER, I.L.C, a limited liability company;
DAIMLERCHRYSLER CORPORATION, a
corporation; DAIMLERCHRYSLER NORTH
AMERICAN HOLDING CORP., a corporation; and
DOES 1 - 60, INCLUSIVE,

Defendants.

FILE FEB 28 2007

Plaintiff Robert A. Davis, individually and as the duly appointed Administrator of the Estate of Christine A. Zadjelovich, deceased, and on behalf of all beneficiaries and heirs of Christine A. Zadjelovich, deceased, alleges as follows:

JURISDICTION AND VENUE

1. This Court has subject matter jurisdiction of this matter pursuant to 28 U.S.C. §1332(a) in that there is complete diversity of citizenship between Plaintiff and Defendants and the amount in controversy exceeds \$75,000, exclusive of interest and costs.

2. This Court has personal jurisdiction over each of these Defendants in that they caused tortious injury to persons within the State of Pennsylvania in Berks County, within this Court's jurisdiction.

3. This Court has supplemental jurisdiction over any and all claims arising from the same occurrence and/or set of operative facts giving rise to this action that are so related to its original jurisdiction, in that such claims form part of the same case or controversy under Article III of the United States Constitution, pursuant to 28 U.S.C. §1367.

4. Venue is properly laid in this Court pursuant to 28 U.S.C. §1391 (a)(2) and (c) because a substantial part of the events giving rise to this action occurred in this judicial district and each Defendant is subject to personal jurisdiction in this Court.

PARTIES

5. Plaintiff, Robert E. Davis is the father of Christine A. Zadjelovich, deceased. Plaintiff Robert A. Davis is a citizen of the State of New Jersey, with his residence at 704 B Village Drive South, North Brunswick, New Jersey 08902. Plaintiff was duly appointed as Administrator Ad Prosequendum and as General Administrator (hereinafter "Administrator") of the Estate on November 15, 2006, and on February 7, 2007 respectively, in Middlesex County, New Jersey, Docket #215201. Plaintiff brings this lawsuit pursuant to 42 Pa. C.S.A. §§8301 and 8302, 20 Pa. C.S.A. §§3371 and 3373, and Pa. R.C.P. 2202(a) as the Administrator of the Estate of the decedent, Christine A. Zadjelovich, individually, on his own behalf, and on behalf of the following individuals, comprising those with claims or potential claims as beneficiaries, survivors, and heirs of the decedent:

<u>Name</u>	<u>Relationship to Deceased</u>
Robert E. Davis	Father
Anna Davis	Mother

All other beneficiaries, survivors, and heirs under applicable law.

6. On information and belief, Defendant DNH Enterprises (hereinafter "DNH") is a business entity, form unknown, with its principal place of business at 150 Fulling Mill Road, Middletown, Pennsylvania 17057. Defendant DNH is a general freight motor carrier for hire operating in interstate commerce under U.S. DOT #612843 and MC/MX #294298, and at all relevant times, was the operator of the 18-wheel truck involved herein. DNH is a subsidiary of, or otherwise affiliated with, Defendants Builder Services Group, Inc. and/or Masco Contractor Services.

7. On information and belief, at all relevant times, Defendant DNH was the employer and/or principal of Defendant truck driver Lawrence E. Banks.

8. On information and belief, Defendant, Builder Services Group, Inc. (hereinafter "Builder") is a corporation organized and existing under the laws of the State of Florida, with its principal places of business at 2339 Beville Road, Daytona Beach, Florida 32119, and 21001 Van Born Road, Taylor, Michigan 48180. Defendant Builder is a motor carrier operating in interstate commerce under U.S. DOT #572263, and is in the business of transporting building materials. Defendant Builder is a subsidiary of, or otherwise affiliated with, Defendants Masco Contractor Services and/or Masco Corporation.

9. On information and belief, Defendant Masco Contractor Services, Inc. ("MCS") is a corporation organized and existing under the laws of the State of Delaware with its principal places

of business at 2339 Beville Road, Daytona Beach, Florida 32119, and 21001 Van Born Road, Taylor, Michigan 48180. Defendant MCS is the parent corporation of, or otherwise affiliated with, Defendants DNH and/or Builder. Defendant MCS is engaged in the business of providing building products, materials, and building services, including installation services, and operates and provides goods and services through numerous subsidiaries and installation locations and offices throughout the United States, including Defendants DNH's and/or Builder's office located at 150 Fulling Mill Road, Middletown, Pennsylvania 17057. Defendant MCS is a wholly owned subsidiary of Defendant Masco Corporation.

10. On information and belief, Defendant Masco Corporation (hereinafter "Masco") is a corporation organized and existing under the laws of the State of New Mexico, with its principal place of business located at 21001 Van Born Road, Taylor, Michigan 48180. Masco is a Fortune 500 company that manufactures consumer products for home improvement and construction, provides builder services, including the sale and installation of insulation products. Defendant Masco operates its business through subsidiaries, affiliates, installation locations, and branch offices nationally and internationally, including Defendant DNH's and/or Builder's location at 150 Fulling Mill Road, Middletown, Pennsylvania.

11. On information and belief, Lawrence E. Banks (hereinafter "Banks") is an adult who resides at 3405 Ridgeway Road, Harrisburg, Pennsylvania 17044, in Dauphin County, Pennsylvania. Defendant Banks was an employee and/or agent of Defendant DNH on November 3, 2006.

12. On information and belief, Defendant Ryder Truck Rental, Inc. (hereinafter "Ryder") is a corporation organized and existing under the laws of the State of Florida with its principal place of business at 11690 NW 105th Street, 1E, Miami, Florida 33178, and is qualified to do, and is doing

business in the State of Pennsylvania. Defendant Ryder is engaged in the business of renting and leasing trucks and is the registered owner of the 2006 Freightliner truck tractor (VIN:1FUJBBCK86LX01554), and 1998 Utility Dry Van trailer involved in the incident herein. The truck tractor and trailer are hereinafter referred to as "the truck".

13. On information and belief, Defendant DaimlerChrysler Corporation (hereinafter "DaimlerChrysler") is a corporation organized and existing under the laws of the State of Delaware, with its principal place of business at 1000 Chrysler Drive, Auburn Hills, Michigan 48326, and is qualified to do business, and is doing business in the State of Pennsylvania. It is a subsidiary of Defendant DaimlerChrysler North American Holding Corp of Auburn Hills, Michigan. It is in the business of designing, manufacturing, assembling and marketing cars, trucks, and automotive parts and accessories for sale to the public. Defendant Daimler Chrysler is the manufacturer of the 2006 Jeep Liberty vehicle involved in the incident herein.

14. On information and belief, Defendant DaimlerChrysler North American Holding Corp. (hereinafter "DCNAHC") is a corporation organized and existing under the laws of the State of Delaware, with its principal place of business at 1000 Chrysler Drive, Auburn Hills, Michigan 48326, and is qualified to do business, and is doing business in the State of Pennsylvania. It is the parent corporation of Defendants Freightliner, LLC and DaimlerChrysler Corporation.

15. On information and belief, Defendant Freightliner, LLC (hereinafter "Freightliner") is, and at all times mentioned herein was, a limited liability company organized and existing under the laws of the State of Delaware, with its principal place of business at 4747 N. Channel Avenue, Portland, Oregon 97217, and is qualified to do, and is doing business in the State of Pennsylvania. It is a subsidiary of Defendant DCNAHC. Defendant Freightliner is engaged in the business of

designing, manufacturing, marketing, and the sale and servicing of trucks and truck parts. It manufactured the 2006 Freightliner truck tractor (hereinafter "the truck tractor") involved in the incident herein.

16. Defendants sued herein as Docs 1-60 are designated as such because Plaintiff is presently unaware of the identity and capacity of such defendants, or their specific connection with the events and circumstances alleged herein. Plaintiff will seek to amend this Complaint to provide such specifics when same are finally determined. Said fictitiously named defendants, and each of them, were in some form or manner in breach of duty or otherwise legally responsible for the damages to Plaintiff's decedent's heirs and Estate, and legally caused said damages and contributed thereto.

GENERAL ALLEGATIONS

Plaintiff is informed and believes and thereon alleges:

17. Defendant Freightliner manufactured the subject truck tractor, and leased or sold it to Defendant Ryder.

18. Defendants DNH, Builder, MCS and/or Masco leased the truck from Defendant Ryder.

19. At the time of the events described herein, Defendant DNH was engaged in a business which was being advanced and furthered through the acts of its driver, Defendant Banks, an employee or agent of Defendant DNH.

20. At all relevant times herein, Defendants DNH, Banks, Builder, MCS, Masco and Docs 1-10 were each the agent and employee of the other and were acting within the course and scope, and in furtherance of, said agency and employment, or other capacity, so as to give rise to

vicarious liability, each liable for the acts and omissions of the other, and each authorized, ratified, and adopted the acts of the other.

21. At all relevant times herein, the employees and agents of Defendants Ryder, Freightliner, DaimlerChrysler, DCNAHC and Does 11-60 were acting within the course and scope, and in furtherance of, said employment and agency, or other capacity, so as to give rise to vicarious liability. Defendants Ryder, Freightliner, DaimlerChrysler, DCNAHC and Does 11-60 authorized, ratified and adopted the acts and/or omissions of their employees and agents, as stated herein.

22. On or about November 3, 2006, at approximately 11:59 a.m., Christine A. Zadjelovich, was a right front seat passenger in a 2006 Chrysler Jeep Liberty SUV, VIN: 1J4GL48K16W120926, bearing license VCM72D (hereinafter "Zadjelovich vehicle" or "Jeep Liberty"), operated by her husband, Steven Zadjelovich with their 4 year old daughter Nikki as a passenger. The Zadjelovich family was traveling westbound on Interstate I-78 (hereinafter "I-78") in the left lane at or near mile marker 35.2 near the Lehartsville exit in Greenwich Township, Berks County, Pennsylvania.

23. At that time and place, the Zadjelovich vehicle was stopped, or nearly stopped in the left lane of I-78, behind a long traffic backup where traffic ahead was restricted to one lane in each direction due to roadway construction.

24. At that time and place, various construction work zone warning signs were posted along westbound I-78 for approximately five miles leading up to the crash location, including a flashing billboard warning "4 MILES AHEAD - TRAFFIC STOPPED".

25. At that time and place, Defendant Banks was driving the truck on westbound I-78 in the left lane, in excess of the posted speed limit.

26. On November 3, 2006, the posted speed limit on westbound I-78 in the vicinity of the events described herein was 50 miles per hour due to it being a construction zone.

27. At that time and place, Defendant Banks operated the truck in such a manner that he crashed the truck at high speed into the rear of the Zadjelovich vehicle that was lawfully stopped, or nearly stopped, in traffic.

28. The force of the crash pushed the Zadjelovich vehicle into the rear of the vehicle directly in front of it, another tractor-trailer. The truck driven by Defendant Banks and the Zadjelovich vehicle burst into flames and burned, all of which caused serious bodily injuries and severe burns to the occupants of the Zadjelovich vehicle, including Plaintiff's decedent, Christine A. Zadjelovich, from which injuries and burns she ultimately died.

**FIRST CAUSE OF ACTION
AGAINST DEFENDANTS BANKS, DNH, BUILDER, MCS, MASCO
AND DOES 1-10
FOR NEGLIGENCE**

29. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

30. Defendants Banks, DNH, Builder, MCS, Masco and Does 1-10 owed a duty of due care to others on public roadways, and Plaintiff's decedent in particular, to obey state and federal regulations with regard to the safe, prudent and lawful operation of a commercial motor vehicle on public highways.

31. Defendant Banks, while in the course and scope of his employment with Defendant DNH, breached these, and other duties of due care, in that his conduct was negligent, unlawful and reckless in that amongst other things, Defendant Banks:

- a) failed to keep a proper lookout while operating the truck;

- b) followed too closely and failed to maintain a safe distance between his truck and the vehicle directly in front of his truck;
- c) operated the truck at a speed greater than was legal, reasonable and proper under the circumstances;
- d) operated the truck at a speed greater than would permit stopping within an assured distance ahead;
- e) failed to apply his brakes in sufficient time to avoid striking the Zadjelovich vehicle which was in the same lane of the roadway ahead of him;
- f) failed to take evasive action sufficient to avoid striking the Zadjelovich vehicle which was ahead of him;
- g) failed to obey numerous construction zone and other warnings and signage in the area;
- h) failed to obey state vehicle codes and federal statutes and regulations, including 75 Pa. C.S.A. §3361 (driving vehicle at a safe speed), and 75 Pa. C.S.A. §3714 (careless driving);
- i) operated the truck when he was not medically, mentally and physically capable of doing so in a safe and legal manner;
- j) operated the truck in the manner described herein when Defendant Banks knew, or had reason to know, of the high risk of danger to other motorists traveling in the westbound lanes of the roadway by such operation of the heavy truck; and

- k) collided at high speed with the rear of the vehicle occupied by Christine A. Zadjelovich.

32. Defendants DNH, Builder, MCS, Masco and Docs 1-10 breached those, and other, duties of due care in that they negligently, unlawfully and recklessly:

- a) failed to use reasonable care in the hiring, retention, supervision, management and control of their employee and/or agent Defendant Banks;
- b) failed to properly and adequately train and instruct their employee and/or agent Defendant Banks in the proper methods and procedures of safely operating a tractor-trailer combination, so as to avoid placing other motorists in harm's way, including, but not limited to, (1) failing to adequately instruct and train Defendant Banks to obey the state and federal codes and regulations relating to safe driving, and failing to enforce compliance therewith; and (2) failing to adequately teach and enforce the use of evasive techniques to prevent collisions such as the one described herein;
- c) entrusted the truck to its employee and/or agent Defendant Banks;
- d) failed to retrain, monitor, correct, discipline, and/or reprimand Defendant Banks; and
- e) failed to maintain, inspect and maintain the truck.

33. As a direct and proximate result of the negligence and other conduct of these defendants, Plaintiff's decedent was severely injured and ultimately died.

34. As a further direct and proximate result of the conduct of Defendants, Plaintiff's decedent's beneficiaries, survivors, and heirs have incurred funeral, burial and related expenses, and

have suffered, and continue to suffer pecuniary losses, including the loss of decedent's earnings, earning capacity, services, financial support, guidance, care, advice, counsel and companionship, all in excess of the jurisdictional minimum of this Court, according to proof.

**SECOND CAUSE OF ACTION
AGAINST DEFENDANTS RYDER AND DOES 11-20
FOR NEGLIGENCE**

35. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

36. On information and belief, Defendant Ryder leased the truck to Defendants DNH, Builder, MCS and/or Masco.

37. Defendants Ryder and Does 11-20 owed a duty of due care to motorists, and Plaintiff's decedent in particular, with regard to the safe and proper operation of the truck on interstate highways in compliance with state and federal regulations.

38. Defendants Ryder and Does 11-20 breached these duties in that their conduct was negligent, unlawful and reckless in that these defendants, in the manner stated herein:

- a) leased and entrusted the truck to Defendants DNH, Banks, Builder, MCS and/or Masco when Defendants Ryder and Does 11-20 knew, or in the exercise of reasonable care should have known, that Defendant Banks was an incompetent and reckless driver;
- b) leased and entrusted the truck to Defendants DNH, Banks, Builder, MCS and/or Masco when Defendants Ryder and Does 11-20 knew, or in the exercise of reasonable care should have known, that Defendants DNH, Builder, MCS and/or Masco negligently hired, trained, managed, controlled and supervised Defendant Banks; and

c) failed to properly inspect, repair and maintain the truck.

39. As a direct and proximate result of the negligence and other conduct of Defendants Ryder and Does 11-20, Plaintiff's decedent was severely injured and ultimately died.

40. As a further direct and proximate result of the conduct of Defendants, Plaintiff's decedent's beneficiaries, survivors, and heirs have incurred funeral, burial and related expenses, and have suffered, and continue to suffer pecuniary losses, including the loss of decedent's earnings, earning capacity, services, financial support, guidance, care, advice, counsel and companionship, all in excess of the jurisdictional minimum of this Court, according to proof.

**THIRD CAUSE OF ACTION
AGAINST DEFENDANTS FREIGHTLINER, DCNAHC AND DOES 21-30
FOR NEGLIGENCE**

41. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

42. Defendants Freightliner, DCNAHC and Does 21-30 are, and at all times herein mentioned were, engaged in the business of designing, manufacturing, assembling, testing, certifying and marketing truck tractors (hereinafter "trucks") for sale to, and use by, members of the general public. As part of their business, through their employees and agents, defendants were responsible for the design, manufacture, assembly, testing, certification, marketing and sale of trucks, including the subject truck tractor, that were required to be safe for operation on public highways.

43. Defendants Freightliner, DCNAHC and Does 21-30 were negligent in carrying out these responsibilities in the following respects, amongst others:

a) failed to properly design, manufacture, assemble, test, inspect and certify their trucks, and their components and systems, so as to prevent the trucks

from bursting into flames and burning during front-end impacts and collisions;

- b) failed to properly warn the purchasers and users of their trucks, and the general public, of their design, manufacture, and/or assembly defects, including, but not limited to, the susceptibility of its trucks to burst into flames and burn during front-end impacts and collisions; and
- c) negligently marketed the subject trucks when they knew, or should have known, of the design, manufacture, assembly and operational defects in their trucks.

44. As a direct and proximate result of the negligence of these defendants, when the truck collided with the rear of the Jeep Liberty, the truck tractor burst into flames and burned, further igniting and burning the Jeep Liberty in which Plaintiff's decedent was a passenger.

45. As a direct and proximate result of the negligence and other conduct of these defendants, Plaintiff's decedent was severely injured and ultimately died.

46. As a further direct and proximate result of the conduct of Defendants, Plaintiff's decedent's beneficiaries, survivors, and heirs have incurred funeral, burial and related expenses, and have suffered, and continue to suffer pecuniary losses, including the loss of decedent's earnings, earning capacity, services, financial support, guidance, care, advice, counsel and companionship, all in excess of the jurisdictional minimum of this Court, according to proof.

**FOURTH CAUSE OF ACTION
AGAINST DEFENDANTS FREIGHTLINER, DCAHC AND DOES 21-30
FOR STRICT LIABILITY**

47. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

48. Defendants Freightliner, DCNAHC and Does 21-30 are strictly liable in tort as contemplated by the Restatement Second, Torts: Product Liability in that the truck tractor was unsafe for its intended use by reason of defects in its design, assembly and manufacture.

49. Defendants Freightliner, DCNAHC and Does 21-30 are, and at all times herein mentioned were, engaged in the business of designing, manufacturing, assembling, testing, certifying and marketing truck tractors (hereinafter "trucks") for sale to, and for use by, members of the general public. As part of their business, through their employees and agents, defendants were responsible for the design, manufacture, assembly, testing, certification, marketing and sale of trucks, including the truck tractor.

50. Defendants Freightliner, DCNAHC and Does 21-30 intended and knew that its trucks would be purchased by members of the public and used by the purchasers, and others, to haul goods and materials on public highways, without inspection for defects.

51. Defendants Freightliner, DCNAHC and Does 21-30 knew that their trucks were required to comply with certain state and federal safety standards and regulations.

52. Defendants Freightliner, DCNAHC and Does 21-30 were negligent in their responsibilities and duties in that, amongst other things, the truck tractor was at the time it was released into the stream of commerce, defective and unsafe for its intended purpose as herein alleged.

53. Defendants Freightliner, DCNAHC and Does 21-30 failed to provide proper and adequate warnings relative to defects in the design, assembly and manufacture of their trucks and the truck tractor.

54. As a direct and proximate result of the defective condition of the truck tractor, the failure to warn, and the collision described herein, Plaintiff's decedent sustained fatal injuries and Plaintiff's decedent's heirs suffered the losses and damages herein alleged.

**FIFTH CAUSE OF ACTION
AGAINST DEFENDANTS FREIGHTLINER, DCNAHC AND DOES 21-30
FOR BREACH OF IMPLIED WARRANTY**

55. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

56. Defendants Freightliner, DCNAHC and Does 21-30, by and through the manufacture, marketing and sale of the truck tractor, impliedly warranted that the truck tractor, and its component parts and systems, were fit for the purpose for which they were intended, that the truck tractor was safe for operation on public highways, and released it into the stream of commerce.

57. The truck tractor was not fit for its intended and foreseeable purpose and use, thereby rendering it unreasonably dangerous.

58. Defendants Freightliner, DCNAHC and Does 21-30 breached these warranties in that the truck tractor, and its component parts and systems, did not reasonably conform to the warranted quality, characteristics, safety and performance.

59. By virtue of the conduct of defendants as described herein, and the defendants' negligence in designing, manufacturing, assembling, certifying, marketing and selling the truck tractor, defendants breached their warranty of fitness for its intended use proximately causing plaintiff's decedent to suffer fatal injuries and the losses and damages of Plaintiff's decedent's heirs as described herein.

**SIXTH CAUSE OF ACTION
AGAINST DEFENDANTS DAIMLERCHRYSLER, DCNAHC AND DOES 31-40
FOR NEGLIGENCE**

60. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

61. Defendants DaimlerChrysler, DCNAHC and Does 31-40 are, and at all times herein mentioned were, engaged in the business of designing, manufacturing, assembling, testing, certifying and marketing passenger vehicles and sport utility vehicles, including the model known as the Jeep Liberty, for sale to, and use by, members of the general public. As part of their business, through their employees and agents, defendants were responsible for the design, manufacture, assembly, testing, certification, marketing and sale of passenger vehicles, including the subject 2006 Jeep Liberty referred to herein as the Zadjlovich vehicle, that were required to be safe for use on public highways.

62. Defendants DaimlerChrysler, DCNAHC and Does 31-40 were negligent in carrying out these responsibilities in the following respects, amongst others:

- a) failed to properly design, manufacture, assemble, test, inspect and certify their Jeep Liberty vehicles, and their components and systems, so as to prevent the vehicles from bursting into flames and burning during rear-end impacts and collisions;
- b) failed to properly warn the purchasers and users of their Jeep Liberty vehicles, and the general public, of their design, manufacture, and/or assembly defects, including, but not limited to, the susceptibility of its Jeep Liberty vehicles to burst into flames and burn during rear-end impacts and collisions; and

- c) negligently marketed the Jeep Liberty vehicles when they knew, or should have known, of the design, manufacture, assembly and operational defects in their vehicles.

63. As a direct and proximate result of the negligence of these defendants, when the truck collided with the rear of the Jeep Liberty in which Plaintiff's decedent was a passenger, it burst into flames and burned.

64. As a direct and proximate result of the negligence and other conduct of these defendants, Plaintiff's decedent was severely injured and ultimately died.

65. As a further direct and proximate result of the conduct of Defendants, Plaintiff's decedent's beneficiaries, survivors, and heirs have incurred funeral, burial and related expenses, and have suffered, and continue to suffer pecuniary losses, including the loss of decedent's earnings, earning capacity, services, financial support, guidance, care, advice, counsel and companionship, all in excess of the jurisdictional minimum of this Court, according to proof.

**SEVENTH CAUSE OF ACTION
AGAINST DEFENDANTS DAIMLERCHRYSLER, DCNAHC AND DOES 31-40
FOR STRICT LIABILITY**

66. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

67. Defendants DaimlerChrysler, DCNAHC and Does 31-40 are strictly liable in tort as contemplated by the Restatement Second, Torts: Product Liability in that the Jeep Liberty was unsafe for its intended use by reason of defects in its design, assembly and manufacture.

68. Defendants DaimlerChrysler, DCNAHC and Does 31-40 are, and at all times herein mentioned were, engaged in the business of designing, manufacturing, assembling, testing, certifying and marketing passenger vehicles and sport utility vehicles, including the model known as the Jeep

Liberty, for sale to, and use by, members of the general public. As part of their business, through their employees and agents, defendants were responsible for the design, manufacture, assembly, testing, certification, marketing and sale of passenger vehicles, including the subject 2006 Jeep Liberty referred to herein as the Zadjelovich vehicle, that were required to be safe for use on public highways.

69. Defendants DaimlerChrysler, DCNAHC and Docs 31-40 intended and knew that their vehicles would be purchased by members of the public and used by the purchasers, and others on public highways, without inspection for defects.

70. Defendants DaimlerChrysler, DCNAHC and Docs 31-40 knew that their vehicles were required to comply with certain state and federal safety standards and regulations.

71. Defendants DaimlerChrysler, DCNAHC and Docs 31-40 were negligent in their responsibilities and duties in that, amongst other things, the subject Jeep Liberty was at the time it was released into the stream of commerce and purchased or leased by Stephen Zadjelovich and Christine Zadjelovich, defective and unsafe for its intended purpose as herein alleged.

72. Defendants DaimlerChrysler, DCNAHC and Docs 31-40 failed to provide proper and adequate warnings relative to defects in the design, assembly and manufacture of their vehicles, and the subject Jeep Liberty.

73. As a direct and proximate result of the defective condition of the Jeep Liberty, the failure to warn, and the collision described herein, Plaintiff's decedent sustained fatal injuries and Plaintiff's decedent's heirs suffered the losses and damages herein alleged.

**EIGHTH CAUSE OF ACTION
AGAINST DEFENDANTS DAIMLERCHRYSLER, DCNAHC AND DOES 31-40
FOR BREACH OF EXPRESS WARRANTY**

74. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

75. Defendants DaimlerChrysler, DCNAHC and Does 31-40, by and through the manufacture, marketing, and sale or lease of the Jeep Liberty to Plaintiff's decedent Christine A. Zadjelovich and her spouse, Stephen Zadjelovich, expressly warranted that the Jeep Liberty, and its component parts and systems, were fit for the purpose for which they were intended.

76. The Jeep Liberty was not fit for its intended and foreseeable purpose and use, thereby rendering it unreasonably dangerous.

77. Defendants DaimlerChrysler, DCNAHC and Does 31-40 breached their express warranty in that the Jeep Liberty, and its component parts and systems, did not reasonably conform to the warranted quality, safety, characteristics and performance.

78. By virtue of the conduct of defendants as described herein, and the defendants' negligence in designing, manufacturing, assembling, certifying, marketing and selling the Jeep Liberty to Plaintiff's decedent and her spouse, defendants breached their express warranty of fitness for its intended use proximately causing plaintiff's decedent to sustain fatal injuries and plaintiff's decedent's heirs to suffer the losses and damages as described herein.

**NINTH CAUSE OF ACTION
AGAINST DEFENDANTS DAIMLERCHRYSLER, DCNAHC AND DOES 31-40
FOR BREACH OF IMPLIED WARRANTY**

79. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

80. Defendants DaimlerChrysler, DCNAHC and Does 31-40, by and through the manufacture and sale of the Jeep Liberty, impliedly warranted that the vehicle, and its component parts and systems, were fit for the purpose for which they were intended.

81. The Jeep Liberty was not fit for its intended and foreseeable purpose and use, thereby rendering it unreasonably dangerous.

82. Defendants DaimlerChrysler, DCNAHC and Does 31-40 breached their warranty in that the Jeep Liberty, and its component parts and systems, did not reasonably conform to the warranted quality, safety, characteristics and performance.

83. By virtue of the conduct of defendants as described herein, and the defendants' negligence in designing, manufacturing, assembling, certifying, marketing and selling the Jeep Liberty, defendants breached their warranty of fitness for its intended use proximately causing plaintiff's decedent to sustain fatal injuries and plaintiff's decedent's heirs to suffer the losses and damages as described herein.

**TENTH CAUSE OF ACTION
AGAINST DOE DEFENDANTS 41-50
(MANUFACTURERS OF DEFECTIVE COMPONENT
PARTS AND SYSTEMS ON THE FREIGHTLINER TRUCK)
FOR NEGLIGENCE**

84. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

85. Doe Defendants 41-50, at all times herein, were engaged in the business of designing, manufacturing, assembling, testing, certifying, marketing and selling component parts and systems which were used in the manufacture of the truck tractor. As part of their business, through their employees and agents, defendants had a duty to design, manufacture, assemble, test and certify component parts and systems which were used in the manufacture of Freightliner trucks, and the

truck tractor, in a manner that was proper, safe and in compliance with state and federal standards and regulations, such that the trucks were safe for operation on public highways.

86. Doe Defendants 41-50 breached these duties in that component parts and systems used in the manufacture of the truck tractor were defectively designed, manufactured and assembled, and were unsafe, such that when the truck collided with the rear of the Jeep Liberty, the truck tractor burst into flames and burned, further igniting and burning the Jeep Liberty in which Plaintiff's decedent was a passenger.

87. As a direct and proximate result of the negligence and other conduct of these Defendants, Plaintiff's decedent was severely injured and ultimately died.

88. As a further direct and proximate result of the conduct of Defendants, Plaintiff's decedent's beneficiaries, survivors, and heirs have incurred funeral, burial and related expenses, and have suffered, and continue to suffer pecuniary losses, including the loss of decedent's earnings, earning capacity, services, financial support, guidance, care, advice, counsel and companionship, all in excess of the jurisdictional minimum of this Court, according to proof.

**ELEVENTH CAUSE OF ACTION
AGAINST DOE DEFENDANTS 41-50
(MANUFACTURERS OF DEFECTIVE COMPONENT
PARTS AND SYSTEMS ON THE FREIGHTLINER TRUCK)
FOR STRICT LIABILITY**

89. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

90. Doe Defendants 41-50, at all times herein, were engaged in the business of designing, manufacturing, assembling, testing, certifying, marketing and selling component parts and systems which were used in the manufacture of the truck tractor. As part of their business, through their employees and agents, defendants had a duty to design, manufacture, assemble, test and certify

component parts and systems which were used in the manufacture of Freightliner trucks, and the subject truck tractor, in a manner that was proper, safe and in compliance with state and federal standards and regulations, such that the trucks were safe for operation on public highways.

91. Doe Defendants 41-50 intended and knew that its trucks containing their component parts and systems would be purchased by members of the public and used by the purchasers, and others, to haul goods and materials on public highways, without inspection for defects.

92. Doe Defendants 41-50 knew that their component parts and systems, and the trucks in which they were installed, were required to comply with certain state and federal safety standards and regulations.

93. Doe Defendants 41-50 were negligent in their responsibilities and duties in that, amongst other things, component parts and systems on the truck tractor were at the time they were released into the stream of commerce, defective and unsafe for their intended purpose as herein alleged.

94. Doe Defendants 41-50 failed to provide proper and adequate warnings relative to defects in the design, assembly and manufacture of their trucks and the subject truck tractor.

95. As a direct and proximate result of the defective condition of component parts and systems on the truck, and the collision described herein, Plaintiff's decedent sustained fatal injuries and Plaintiff's decedent's heirs suffered the losses and damages herein alleged.

**TWELFTH CAUSE OF ACTION
AGAINST DOE DEFENDANTS 41-50
(MANUFACTURERS OF DEFECTIVE COMPONENT
PARTS AND SYSTEMS ON THE FREIGHTLINER TRUCK)
FOR BREACH OF IMPLIED WARRANTY**

96. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

97. Doe Defendants 41-50, by and through the manufacture, marketing and sale of component parts and systems on the truck tractor, impliedly warranted that the component parts and systems were fit for the purpose for which they were intended, and released them into the stream of commerce.

98. The component parts and systems, and consequently the truck tractor, were not fit for their intended and foreseeable purpose and use, thereby rendering them and the truck unreasonably dangerous.

99. Doe Defendants 41-50 breached their warranty in that its component parts and systems did not reasonably conform to the warranted quality, characteristics, safety and performance.

100. By virtue of the conduct of defendants as described herein, and the defendants' negligence in designing, manufacturing, assembling, certifying, marketing and selling the component parts and systems used in the manufacture of the truck tractor, defendants breached their warranty of fitness for their intended use, proximately causing plaintiff's decedent to suffer fatal injuries and the losses and damages of Plaintiff's decedent's heirs as described herein.

**THIRTEENTH CAUSE OF ACTION
AGAINST DOE DEFENDANTS 51-60
(MANUFACTURERS OF DEFECTIVE COMPONENT
PARTS AND SYSTEMS ON THE JEEP LIBERTY)
FOR NEGLIGENCE**

101. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

102. Doe Defendants 51-60 are, and at all times herein mentioned were, engaged in the business of designing, manufacturing, assembling, testing, certifying, marketing and sale of component parts and systems for use in the manufacture of passenger vehicles and sport utility vehicles, including the model known as the Jeep Liberty, for sale to, and use by, members of the

general public. As part of their business, through their employees and agents, defendants were responsible for the design, manufacture, assembly, testing and certification of component parts and systems for use in the manufacture of passenger vehicles, including the subject 2006 Jeep Liberty referred to herein as the Zadjelovich vehicle, that were required to be safe for use on public highways.

103. As a direct and proximate result of the negligence of these defendants, when the truck collided with the rear of the Jeep Liberty, on which Doe Defendants' 51-60 component parts and systems were installed, and in which Plaintiff's decedent was a passenger, the Jeep Liberty burst into flames and burned.

104. As a direct and proximate result of the negligence and other conduct of these defendants, Plaintiff's decedent was severely injured and ultimately died.

105. As a further direct and proximate result of the conduct of Defendants, Plaintiff's decedent's beneficiaries, survivors, and heirs have incurred funeral, burial, and related expenses, and have suffered, and continue to suffer pecuniary losses, including the loss of decedent's earnings, earning capacity, services, financial support, guidance, care, advice, counsel and companionship, all in excess of the jurisdictional minimum of this Court, according to proof.

**FOURTEENTH CAUSE OF ACTION
AGAINST DOE DEFENDANTS 51-60
(MANUFACTURERS OF DEFECTIVE COMPONENT
PARTS AND SYSTEMS ON THE JEEP LIBERTY)
FOR STRICT LIABILITY**

106. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

107. Doe Defendants 51-60 are, and at all times herein mentioned were, engaged in the business of designing, manufacturing, assembling, testing, certifying and marketing component parts

and systems for use in the manufacture of passenger vehicles and sport utility vehicles, including the model known as the Jeep Liberty, for sale to, and use by, members of the general public. As part of their business, through their employees and agents, defendants were responsible for the design, manufacture, assembly, testing and certification of component parts and systems for use in the manufacture of passenger vehicles, including the subject 2006 Jeep Liberty referred to herein as the Zadajciovich vehicle, that were required to be safe for use on public highways.

108. Doe Defendants 51-60 intended and knew that the vehicles in which their component parts and systems were installed would be purchased by members of the public and used by the purchasers, and others, to travel on public highways, without inspection for defects.

109. Doe Defendants 51-60 knew that their component parts and systems were required to comply with certain state and federal safety standards and regulations.

110. Doe Defendants 51-60 were negligent in their responsibilities and duties in that, amongst other things, the component parts and systems were defective and unsafe for their intended purpose at the time they were released into the stream of commerce.

111. Doe Defendants 51-60 failed to provide proper and adequate warnings relative to defects in the design, assembly and manufacture of their vehicles, including the subject Jeep Liberty.

112. As a direct and proximate result of the defective condition of Defendants' component parts and systems, and consequently the defective condition of the truck, and the collision described herein, Plaintiff's decedent sustained fatal injuries and Plaintiff's decedent's heirs suffered the losses and damages herein alleged.

**FIFTEENTH CAUSE OF ACTION
AGAINST DOE DEFENDANTS 51-60
(MANUFACTURERS OF DEFECTIVE COMPONENT
PARTS AND SYSTEMS ON THE JEEP LIBERTY)
FOR BREACH OF IMPLIED WARRANTY**

113. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

114. Doe Defendants 51-60, by and through the manufacture and sale of component parts and systems used in the manufacture of the Jeep Liberty, impliedly warranted that its component parts and systems were fit for the purpose for which they were intended.

115. The component parts and systems used in the manufacture of the Jeep Liberty were not fit for their intended and foreseeable purpose and use, thereby rendering them, and the Jeep Liberty, unreasonably dangerous.

116. Doe Defendants 51-60 breached their warranty in that their component parts and systems did not reasonably conform to the warranted quality, safety, characteristics and performance.

117. By virtue of the conduct of defendants as described herein, and the defendants' negligence in designing, manufacturing, assembling, certifying, marketing and selling the component parts and systems used in the manufacture of the Jeep Liberty, defendants breached their warranty of fitness for their intended use, proximately causing plaintiff's decedent to sustain fatal injuries and plaintiff's decedent's heirs to suffer the losses and damages as described herein.

**SIXTEENTH CAUSE OF ACTION
AGAINST ALL DEFENDANTS
(SURVIVAL ACTION)**

118. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

119. On or about November 3, 2006, after causes of action arose in her favor, Plaintiff's decedent, who would have been the plaintiff in this action had she lived, died of the injuries she suffered as a result of the motor vehicle collision and ensuing fire.

120. At the time and place alleged herein, the Freightliner truck approached, and struck from behind at high speed, Plaintiff's decedent's stopped, or nearly stopped, Jeep Liberty, pushing it into another truck. The Freightliner truck and Jeep Liberty burst into flames and burned.

121. For a measurable period of time before Plaintiff's decedent's death, Plaintiff's decedent suffered physical and emotional injuries in the form of pre-impact and post-impact fright, terror, pain and suffering, and severe emotional distress, as well as life-threatening physical injuries and burns, and the personal property of Plaintiff's decedent was destroyed. Plaintiff's decedent was aware of the happening of the crash, was aware of her certain and imminent death, and was alive for a measurable period of time during the incident, and thereafter subsequently died of her injuries.

122. At the time and place alleged herein, for a measurable period of time, Plaintiff's decedent suffered severe emotional distress associated with being involved in this crash with her husband Steven and daughter Nikki, and fearing for their lives. Plaintiff's decedent was aware of the certain and imminent injury and death of her husband and young daughter prior to Plaintiff's decedent's death.

123. Defendants engaged in conduct that was outrageous, reckless, willful, wanton, indifferent to, and in conscious disregard for, the safety of other motorists, and in particular the safety of Plaintiff's decedent, her husband and daughter, which conduct was the direct and proximate cause of Plaintiff's decedent's injuries and the damages alleged herein.

124. Plaintiff therefore seeks recovery from Defendants for Christine A. Zadjelovich's injuries and damages as stated herein, as well as the loss of accumulations to decedent's Estate, hedonic damages, and all other related expenses, damages and losses, together with appropriate punitive and exemplary damages, according to proof at trial.

WHEREFORE, Plaintiff prays judgment against all Defendants for the following damages, all in excess of the jurisdictional minimum of this Court:

1. Pre-impact and post-impact fright, terror and severe emotional distress of the decedent;
2. Pain and suffering of the decedent;
3. Pecuniary losses suffered by reason of death;
4. Loss of decedent's services;
5. Loss of decedent's support;
6. Net loss of inheritance/accumulations to decedent's Estate;
7. Loss of retirement and social security income;
8. Loss of care, advice, guidance, counsel and companionship of the decedent;
9. Funeral, burial and other expenses;
10. Hedonic damages;
11. Decedent's property damage;
11. Exemplary, enhanced and punitive damages;
12. Costs of administration of decedent's Estate;
13. Pre-judgment interest as allowed by applicable law;
14. Other general damages as allowed by applicable law;

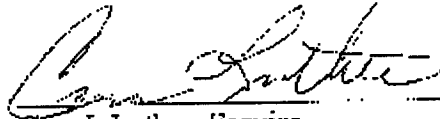
15. Costs of suit; and

16. For such other and further relief as is just and proper.

Date: February 23, 2007

Respectfully submitted,

BAUM, HEDLUND, ARISTEI, GOLDMAN & MENZIES



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Counsel for Plaintiff

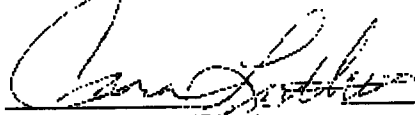
JURY DEMAND

Plaintiff hereby demands a trial by jury on all fact issues and counts in this case.

Date: February 23, 2007

Respectfully submitted,

BAUM, HEDLUND, ARISTEI, GOLDMAN & MENZIES



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Counsel for Plaintiff

IN THE UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF PENNSYLVANIA

ROBERT E. DAVIS, as Administrator of the
Estate, and as Administrator Ad Prosequendum of
CHRISTINE A. ZADJELOVICH, deceased, on
behalf of all beneficiaries and heirs of
CHRISTINE A. ZADJELOVICH, deceased,

Case No. 07-0767

**FIRST AMENDED COMPLAINT
FOR WRONGFUL DEATH AND
SURVIVAL DAMAGES**

Plaintiffs,

DEMAND FOR JURY TRIAL

vs.

DNH ENTERPRISES; BUILDER SERVICES
GROUP, INC., a corporation; MASCO
CONTRACTOR SERVICES, INC., a corporation;
MASCO CORPORATION, a corporation; RYDER
TRUCK RENTAL, INC., a corporation;
LAWRENCE E. BANKS, an individual;

Defendants.

Plaintiff Robert E. Davis, as the duly appointed Administrator of the Estate and Administrator Ad Prosequendum of Christine A. Zadjelovich, deceased, on behalf of all beneficiaries and heirs of Christine A. Zadjelovich, deceased, alleges as follows:

JURISDICTION AND VENUE

1. This Court has subject matter jurisdiction of this matter pursuant to 28 U.S.C. §1332(a) in that there is complete diversity of citizenship between Plaintiff and Defendants and the amount in controversy exceeds \$75,000, exclusive of interest and costs.

2. This Court has personal jurisdiction over each of these Defendants in that they caused tortious injury to persons within the State of Pennsylvania in Berks County, within this Court's jurisdiction.

3 This Court has supplemental jurisdiction over any and all claims arising from the same occurrence and/or set of operative facts giving rise to this action that are so related to its original jurisdiction, in that such claims form part of the same case or controversy under Article III of the United States Constitution, pursuant to 28 U.S.C. §1367.

4. Venue is properly laid in this Court pursuant to 28 U.S.C. §1391 (a)(2) and (c) because a substantial part of the events giving rise to this action occurred in this judicial district and each Defendant is subject to personal jurisdiction in this Court.

PARTIES

5. Plaintiff, Robert E. Davis is the father of Christine A. Zadjelovich, deceased. Robert A. Davis is a citizen of the State of New Jersey, with his residence at 704 B Village Drive South, North Brunswick, New Jersey 08902. Plaintiff Robert E. Davis was duly appointed as Administrator Ad Prosequendum on November 15, 2006, and as Administrator of the Estate on February 7, 2007 in Middlesex County, New Jersey, Docket #215201 Plaintiff Robert E. Davis brings this lawsuit pursuant to 42 Pa. C.S.A. §§8301 and 8302, 20 Pa. C.S.A. §§3371 and 3373, and Pa. R.C.P. 2202(a) as the Administrator of the Estate and as Administrator Ad Prosequendum (hereinafter "Administrator") of the decedent, Christine A. Zadjelovich, on behalf of the following individuals, comprising those with claims or potential claims as beneficiaries, survivors, and heirs of the decedent:

<u>Name</u>	<u>Relationship to Deceased</u>
Robert E. Davis	Father
Anna Davis	Mother

All other beneficiaries, survivors, and heirs under applicable law. Anna Davis, the mother of Christine A. Zadjelovich, deceased, resides at 704 B Village Drive South, North Brunswick, New Jersey 08902.

6. On information and belief, Defendant DNH Enterprises (hereinafter "DNH") is a business entity, form unknown, with its principal place of business at 150 Fulling Mill Road, Middletown, Pennsylvania 17057. Defendant DNH is a general freight motor carrier for hire operating in interstate commerce under U.S. DOT #612843 and MC/MX #294298, and at all relevant times was the operator of the 18-wheel truck involved herein. DNH is a subsidiary of, or otherwise affiliated with, Defendants Builder Services Group, Inc., Masco Contractor Services, and/or Masco Corporation.

7. On information and belief, at all relevant times, Defendant DNH was the employer and/or principal of Defendant truck driver Lawrence E. Banks.

8. On information and belief, Defendant Builder Services Group, Inc. (hereinafter "Builder") is a corporation organized and existing under the laws of the State of Florida, with its principal places of business at 2339 Beville Road, Daytona Beach, Florida 32119, and 21001 Van Born Road, Taylor, Michigan 48180. Defendant Builder is a motor carrier operating in interstate commerce under U.S. DOT #572263, and is in the business of transporting building materials. Defendant Builder is a subsidiary of, or otherwise affiliated with, Defendants Masco Contractor Services and/or Masco Corporation.

9. On information and belief, Defendant Masco Contractor Services, Inc. ("MCS") is a corporation organized and existing under the laws of the State of Delaware with its principal places of business at 2339 Beville Road, Daytona Beach, Florida 32119, and 21001 Van Born Road, Taylor,

Michigan 48180. Defendant MCS is the parent corporation of, or otherwise affiliated with, Defendants DNH and/or Builder. Defendant MCS is engaged in the business of providing building products, materials, and building services, including installation services, and operates and provides goods and services through numerous subsidiaries and installation locations and offices throughout the United States, including Defendants DNH's and/or Builder's office located at 150 Fulling Mill Road, Middletown, Pennsylvania 17057. Defendant MCS is a wholly owned subsidiary of Defendant Masco Corporation.

10. On information and belief, Defendant Masco Corporation (hereinafter "Masco") is a corporation organized and existing under the laws of the State of New Mexico, with its principal place of business located at 21001 Van Born Road, Taylor, Michigan 48180. Masco is a Fortune 500 company that manufactures consumer products for home improvement and construction, provides builder services, including the sale and installation of insulation products. Defendant Masco operates its business through subsidiaries, affiliates, installation locations, and branch offices nationally and internationally, including Defendant DNH's and/or Builder's location at 150 Fulling Mill Road, Middletown, Pennsylvania 17057.

1. On information and belief, Lawrence E. Banks (hereinafter "Banks") is an adult who resides at 3405 Ridgeway Road, Harrisburg, Pennsylvania 17044, in Dauphin County, Pennsylvania. Defendant Banks was an employee and/or agent of Defendant DNH on November 3, 2006.

12. On information and belief, Defendant Ryder Truck Rental, Inc. (hereinafter "Ryder") is a corporation organized and existing under the laws of the State of Florida with its principal place of business at 11690 NW 105th Street, 1E, Miami, Florida 33178, and is qualified to do, and is doing business in the State of Pennsylvania. Defendant Ryder is engaged in the

business of renting and leasing trucks and is the registered owner of the 2006 Freightliner truck tractor (VIN:1FUJBBCK86LX01554), and 1998 Utility Dry Van semitrailer involved in the incident herein. The truck tractor and semitrailer are hereinafter referred to as the "truck."

GENERAL ALLEGATIONS

Plaintiff is informed and believes and thereon alleges:

13. Defendants DNH, Builder, MCS and/or Masco leased the truck from Defendant Ryder.

14. At the time of the events described herein, Defendant DNH was engaged in a business which was being advanced and furthered through the acts of its driver, Defendant Banks, an employee or agent of Defendant DNH.

15. At all relevant times herein, Defendants DNH, Banks, Builder, MCS, and Masco were each the agent and/or employee of the other and were acting within the course and scope, and in furtherance of, said agency and/or employment, or other capacity, so as to give rise to vicarious liability, each liable for the acts and omissions of the other, and each authorized, ratified, and adopted the acts of the other.

16. On or about November 3, 2006, at approximately 11:59 a.m., Christine A. Zadjelovich was a right front seat passenger in a 2006 Chrysler Jeep Liberty SUV, VIN: 1J4GL48K16W120926, bearing license VCM72D- NJ (hereinafter "Zadjelovich vehicle" or "Jeep Liberty"), operated by her husband, Steven Zadjelovich with their 4-year old daughter, Nikki as a passenger. The Zadjelovich family was traveling westbound on Interstate I-78 (hereinafter "I-78") in the left lane at or near mile marker 35.2 near the Lehartsville exit in Greenwich Township, Berks County, Pennsylvania.

17 At that time and place, the Zadjelovich vehicle was stopped, or nearly stopped in the left lane of I-78, behind a long traffic backup where traffic ahead was restricted to one lane in each direction due to roadway construction.

18. At that time and place, various construction work zone warning signs were posted along westbound I-78 for approximately five miles leading up to the crash location, including a flashing billboard warning "4 MILES AHEAD - TRAFFIC STOPPED".

19. At that time and place, Defendant Banks was driving the truck on westbound I-78 in the left lane, in excess of the posted speed limit, which at the time was 50 miles per hour due to it being a construction zone.

20. At that time and place, Defendant Banks operated the truck in such a manner that he crashed the truck at high speed into the rear of the Zadjelovich vehicle that was lawfully stopped, or nearly stopped, in traffic.

21 The force of the crash pushed the Zadjelovich vehicle into the rear of the vehicle directly in front of it, another tractor-trailer. The truck driven by Defendant Banks and the Zadjelovich vehicle burst into flames and burned. The impact caused serious bodily injuries to the occupants of the Zadjelovich vehicle, including Plaintiff's decedent, Christine A. Zadjelovich, from which injuries she ultimately died.

**FIRST CAUSE OF ACTION
AGAINST DEFENDANTS BANKS, DNL, BUILDER, MCS, AND MASCO
FOR NEGLIGENCE**

22. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

23. Defendants Banks, DNH, Builder, MCS, and Masco owed a duty of due care to others on public roadways, and Plaintiff's decedent in particular, to obey state and federal regulations with regard to the safe, prudent and lawful operation of a commercial motor vehicle on public highways.

24. Defendant Banks, while in the course and scope of his employment with Defendant DNH, breached these, and other duties of due care, in that his conduct was negligent, unlawful and reckless in that amongst other things, Defendant Banks:

- a) failed to keep a proper lookout while operating the truck;
- b) followed too closely and failed to maintain a safe distance between his truck and the vehicle directly in front of his truck;
- c) operated the truck at a speed greater than was legal, reasonable and proper under the circumstances;
- d) operated the truck at a speed greater than would permit stopping within an assured distance ahead;
- e) failed to apply his brakes in sufficient time to avoid striking the Zadjelovich vehicle which was in the same lane of the roadway ahead of him;
- f) failed to take evasive action sufficient to avoid striking the Zadjelovich vehicle which was ahead of him;
- g) failed to obey numerous construction zone and other warnings and signage in the area;
- h) failed to obey state vehicle codes and federal statutes and regulations, including 75 Pa. C.S.A. §3361 (driving vehicle at a safe speed), and 75 Pa. C.S.A. §3714 (careless driving);

- i) operated the truck when he was not medically, mentally and physically capable of doing so in a safe and legal manner;
- j) operated the truck in the manner described herein when Defendant Banks knew, or had reason to know, of the high risk of danger to other motorists traveling in the westbound lanes of the roadway by such operation of the heavy truck; and
- k) collided at high speed with the rear of the vehicle occupied by Christine A. Zadjelovich, her husband Steven Zadjelovich, and their daughter Nikki Zadjelovich.

25. Defendants DNH, Builder, MCS, Masco breached these, and other, duties of due care in that they negligently, unlawfully and recklessly:

- a) violated state and federal statutes regulating motor carrier operations;
- b) failed to use reasonable care in the hiring, retention, supervision, management and control of their employee and/or agent Defendant Banks;
- c) failed to properly and adequately train and instruct their employee and/or agent Defendant Banks in the proper methods and procedures of safely operating a tractor-trailer combination, so as to avoid placing other motorists in harm's way, including, but not limited to, (1) failing to adequately instruct and train Defendant Banks to obey the state and federal codes and regulations relating to safe driving, and failing to enforce compliance therewith; and (2) failing to adequately teach and enforce the use of evasive techniques to prevent collisions such as the one described herein;

- d) entrusted the truck to its employee and/or agent Defendant Banks;
- e) failed to retrain, monitor, correct, discipline, and/or reprimand Defendant Banks; and
- f) failed to properly inspect, repair and maintain the truck.

26. As a direct and proximate result of the negligence and other conduct of these defendants, Plaintiff's decedent was severely injured and ultimately died.

27. As a further direct and proximate result of the conduct of Defendants, Plaintiff's decedent's beneficiaries, survivors, and heirs have incurred funeral, burial and related expenses, and have suffered, and continue to suffer, pecuniary losses, including the loss of decedent's earnings, earning capacity, services, financial support, guidance, care, advice, counsel and companionship, all in excess of the jurisdictional minimum of this Court, according to proof.

**SECOND CAUSE OF ACTION
AGAINST DEFENDANT RYDER
FOR NEGLIGENCE**

28. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

29. On information and belief, Defendant Ryder leased the truck to Defendants DNH, Builder, MCS and/or Masco.

30. Defendant Ryder owed a duty of due care to motorists, and Plaintiff's decedent in particular, with regard to the safe and proper operation of the truck on interstate highways in compliance with state and federal regulations.

31. Defendant Ryder breached these duties in that their conduct was negligent, unlawful and reckless in that this defendant, in the manner stated herein:

- a) leased and entrusted the truck to Defendants DNH, Builder, MCS and/or Masco when Defendant Ryder knew, or in the exercise of reasonable care should have known, that Defendants DNH, Builder, MCS and/or Masco negligently hired, trained, managed, controlled, supervised, and retained truck drivers, including Defendant Banks, and entrusted the truck to him;
- b) failed to properly inspect, repair and maintain the truck.

32. As a direct and proximate result of the negligence and other conduct of Defendant Ryder, Plaintiff's decedent was severely injured and ultimately died.

33. As a further direct and proximate result of the conduct of Defendant, Plaintiff's decedent's beneficiaries, survivors, and heirs have incurred funeral, burial and related expenses, and have suffered, and continue to suffer pecuniary losses, including the loss of decedent's earnings, earning capacity, services, financial support, guidance, care, advice, counsel and companionship, all in excess of the jurisdictional minimum of this Court, according to proof.

**THIRD CAUSE OF ACTION
AGAINST ALL DEFENDANTS
(SURVIVAL ACTION)**

34. Plaintiff incorporates by reference all previous paragraphs as if fully restated.

35. On or about November 3, 2006, after causes of action arose in her favor, Plaintiff's decedent, who would have been the plaintiff in this action had she lived, died of the injuries she suffered as a result of the motor vehicle collision.

36. At the time and place alleged herein, the truck approached and struck from behind at high speed, Plaintiff's decedent's stopped, or nearly stopped, Jeep Liberty, pushing it into another truck. The truck and Jeep Liberty burst into flames and burned.

37. For a measurable period of time before Plaintiff's decedent's death, Plaintiff's decedent suffered physical and emotional injuries in the form of pre-impact and post-impact fright, terror, pain and suffering, and severe emotional distress, as well as life-threatening physical injuries, and the personal property of Plaintiff's decedent was destroyed. Plaintiff's decedent was aware of the happening of the crash, was aware of her certain and imminent death, and was alive for a measurable period of time during the incident, and thereafter subsequently died of her injuries.

38. At the time and place alleged herein, for a measurable period of time, Plaintiff's decedent suffered severe emotional distress associated with being involved in this crash with her husband Steven and daughter Nikki, and with fearing for their lives. Plaintiff's decedent was aware of the certain and imminent injury and death of her husband and young daughter prior to Plaintiff's decedent's death.

39. Defendants engaged in conduct that was outrageous, reckless, willful, wanton, indifferent to, and in conscious disregard for, the safety of other motorists, and in particular the safety of Plaintiff's decedent, her husband and daughter, which conduct was the direct and proximate cause of Plaintiff's decedent's injuries and the damages alleged herein.

40. Plaintiff therefore seeks recovery from all Defendants for Christine A. Zadjelovich's injuries and damages as stated herein, as well as the loss of accumulations to decedent's Estate, hedonic damages, and all other related expenses, damages and losses, together with appropriate punitive and exemplary damages, according to proof at trial.

WHEREFORE, Plaintiff prays judgment against all Defendants for the following damages, all in excess of the jurisdictional minimum of this Court:

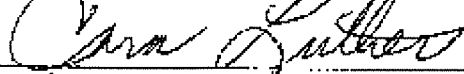
- 1 Pre-impact and post-impact fright, terror and severe emotional distress of the decedent;

2. Pain and suffering of the decedent;
3. Pecuniary losses suffered by reason of death;
4. Loss of decedent's services;
5. Loss of decedent's support;
6. Net loss of inheritance/accumulations to decedent's Estate;
7. Loss of care, advice, guidance, counsel and companionship of the decedent;
8. Funeral, burial and other related expenses;
9. Hedonic damages;
10. Decedent's property damage;
11. Exemplary, enhanced and punitive damages;
12. Costs of administration of decedent's Estate;
13. Pre-judgment interest as allowed by applicable law;
14. Other general damages as allowed by applicable law;
15. Costs of suit; and
16. For such other and further relief as is just and proper.

Date: April 20, 2007

Respectfully submitted,

BAUM, FLEISS, ARISTEL, GOLDMAN & MENZIES, P.C.



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Counsel for Plaintiff

JURY DEMAND

Plaintiff hereby demands a trial by jury on all fact issues and counts in this case.

Date: April 20, 2007

Respectfully submitted,

BAUM, HEDLUND, ARISTEI, GOLDMAN & MENZIES,
P.C.



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Counsel for Plaintiff

CERTIFICATE OF SERVICE

I certify that on April 20, 2007, a true and correct copy of the foregoing *First Amended Complaint for Wrongful Death and Survival Damages* was served via facsimile and First Class U.S. Mail on the following individuals:

Gregory J. Samurovich, Esq.
Robert A. Assuncao, Esq.
DLA Piper, L.L.P.
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*Attorneys for Defendants DNH Enterprises,
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Telephone: 610.667.8300, ext. 15
Facsimile: 610.667.3535
*Attorneys for Defendant Ryder Truck Rental,
Inc.*



Cara J. Luther, Esq.





11822526
11-17-06

OUTBACK
PROBLY
SERVED

SUBARU

AWD



[Redacted]



2008/11/04

EA12-005-Chrysler-006713



2008/11/04

EA12-005-Chrysler-006714



2006/11/04

EA12-005-Chrysler-006715



2006/11/04

EA12-005-Chrysler-006716



2006/11/04

EA12-005-Chrysler-006717



2006 / 11 / 04

EA12-005-Chrysler-006718



2006-11-04

EA12-005-Chrysler-006719



2006/11/04

EA12-005-Chrysler-006720



2006 / 11 / 04

EA12-005-Chrysler-006721



2006/11/04

EA12-005-Chrysler-006722



COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

FAT



Crash Number

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

Page

01

New

Change/
Continuation

P 1 2 7 7 3 4 4

Police Agency Data

Incident Number

L 0 4 - 0 9 4 7 3 9 1

Police Agency

6 8 L 0 4

Patrol Zone

0 1 0

Agency Name

PENNSYLVANIA STATE POLICE

Precinct

HAMBURG

Investigation Date (MM-DD-YYYY)

1 1 - 0 3 - 2 0 0 6

Dispatch Time (mil)

1 2 0 4

Arrival Time (mil)

1 2 1 4

Investigator

TROOPER BRIAN J. MILLER

Badge Number

0 6 3 6 4

Reviewer

COL. KENNETH WINTER

Badge Number

6 9 1 9

Approval Date

1 1 - 1 9 - 2 0 0 8

Crash Data

County

0 6

County Name

BERKS

Municipality

2 1 5

Municipality Name

GREENWICH TOWNSHIP

Day of Week

Sun Thu

Mon Fri

Tue Sat

Wed Unk

Crash Date (MM-DD-YYYY)

1 1 - 0 3 - 2 0 0 6

Crash Time (mil)

1 1 5 9

No of Units

0 3

People

0 5

Injured

0 1

Killed

0 3

90% > 00,
Complete
(Form F)

Workzone (If Yes, Complete Form M, Section 29) Yes No

School Bus Related Yes No

School Zone Related Yes No

Special Location Yes No

0 0

Loc Type

Intersection Type

Midblock

4 Way Intersection

Y Intersection

Multi-Leg Intersection

Off Ramp

Railroad Crossing

T Intersection

Traffic Circle/ Round About

On Ramp

Crossover

Other

Route Number

0 0 7 8

Segment (Optional)

0 3 5 1

Travel Lanes

0 4

Speed Limit

5 5

Street Name

Street Ending

Orientation
 North
 South
 East
 West
 Unknown

Route Signing

Interstate (Not Turnpike)

Turnpike (East/West)

Turnpike Spur

State Highway

County Road

Local Road or Street

Private Road

Other/Unknown

Intersecting Road

Route Number

Segment (Optional)

Travel Lanes

Speed Limit

Street Name

Street Ending

Orientation
 North
 South
 East
 West
 Unknown

Route Signing

Interstate (Not Turnpike)

Turnpike (East/West)

Turnpike Spur

State Highway

County Road

Local Road or Street

Private Road

Other/Unknown

Distances From Landmark

Landmark 1

Intersecting Rt Num Or Mile Post

Or Segment Marker

0 3 5 1

Or Intersecting Street Name

St Ending

Orientation
 North
 South
 East
 West

Landmark 2

Intersecting Rt Num Or Mile Post

Or Segment Marker

0 3 4 5

Or Intersecting Street Name

St Ending

Orientation
 North
 South
 East
 West

Feet
Or Miles
3

Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)

GPS

Latitude

4 0 3 4 . 4 1 . 9 3

Longitude

7 5 5 3 . 5 0 . 8 0

TCD

Traffic Control Device

Not Applicable Traffic Signal

Flashing Traffic Signal Stop Sign

Yield Sign

Active RR Crossing Controls

Passive RR Crossing Controls

Police Officer or Flagman

Other Type TCD

Unknown

TCD Functioning

No Controls

Device Not Functioning

Device Functioning Improperly

Device Functioning Properly

Emergency Preemptive Signal

Unknown

Lane Closed (If "Not Applicable", skip rest of the Lane Closure section)

Not Applicable Partially Fully Unknown

Lane Closure Direction

North South

East

West

North and South All (N,S,E,W)

East and West

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM**



Crash Number

P 1277344

AA 500 2

Police Use Only
L04-0947391

Page:

0 2

Unit Info

Type Unit: Motor Vehicle in Transport Hit & Run Vehicle Illegally Parked Legally Parked Non-Maintained Commercial Vehicle Yes No

Pedestrian Pedestrian on Skates, in Wheelchair, etc Disabled From Previous Crash Train Phantom Vehicle (If Yes, Complete Form C)

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Vehicle Driver / Pedestrian Information

Unit No: 01 First Name: [REDACTED] MI: [REDACTED] Date of Birth (MM-DD-YYYY): [REDACTED]

Last Name: [REDACTED] Telephone Number: [REDACTED]

Address / City / State: [REDACTED] HARRISBURG/PA. Zip: [REDACTED]

Driver License Number: [REDACTED] State: PA Class: A

Alcohol/Drugs Suspected

No Alcohol Illegal Drugs Alcohol and Drugs Medication Unknown

Alcohol Test Type

Test Not Given Blood Breath Urine Other Unknown if Test Given

Alcohol Test Results

0 Test Refused Test Given, Contaminated Results Unknown Results

Driver or Pedestrian Physical Condition

Apparently Normal Had Been Drinking Illegal Drug Use Sick Fatigue Asleep Medication Unknown

Primary Vehicle Code Violation

PENDING Charged? Yes No

Driver Presence

1=Driver Operated Vehicle 2=No Driver 3=Driver fled Scene 4=Hit and Run 9=Unknown

Owner/Driver

00=Not Applicable 02=Private Vehicle Not Owned/Leased by Driver 03=Rented Vehicle 04=State Police Vehicle 05=PENNDOT Vehicle 06=Other State Gov Veh 07=Municipal Police Veh 08=Other Municipal Government Vehicle 09=Federal Gov Veh 98=Other 99=Unknown

Owner/Driver

02

Owner First Name: [REDACTED] Owner Last Name or Business Name (If Pedestrian, skip this Section): TRUCK RENTAL LT

Address / City / State / Zip: [REDACTED] HARRISBURG/PA [REDACTED]

VIN: 1FUJBCKB6L [REDACTED] Model Year: 2006

License Plate: [REDACTED] PA 999 Vehicle Towed: Yes No

Insurance: Yes No Unknown Insurance Company: Old Republic Policy No: [REDACTED]

Vehicle Make: FREIGHTLINER *Make Code: 82

Vehicle Model: CENTURY CLASS (see overlay)

Towed By: KRAMER'S

Trailing Unit

No. of Trailing Units: 1 Type Unit: 6

1=Towing Pass. Veh 4=Mobile/Modular Home 7=Semi-Trailer Tag No: [REDACTED] Tag Year: 2007 Tag St: NC

2=Towing Truck 5=Camper 8=Other

3=Towing Utility Trailer 6=Full Trailer 9=Unknown

Direction of Travel: W **Vehicle Position**: 03 **Movement**: 01 **Special Usage**: 21

Vehicle Color: 03 **Vehicle Type**: 05

01=Blue 02=Red 03=White 04=Green 05=Black

06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown

01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)

05=Large Truck 06=SUV 07=Van 10=Snowmobile 11=Farm Equip 12=Construction Equip 13=ATV 18=Other Type Spec Veh 19=Unk. Type Spec Veh

20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown

00=Not Applicable 01=Line Veh 02=Ambulance 03=Police Vehicle 08=Other Emergency Vehicle 11=Popul Transport 12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown

Initial Impact Point: 12 00=Non-Collision 01-12=Clock Points 12-12n

14=Undercarriage 15=Towed Unit 99=Unknown

Damage Indicator: 3 0=None 1=Minor 2=Functional 3=Disabling 9=Unknown

Gradient: 2 1=Level 2=Uphill

3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Other

Road Alignment: 2 1=Straight 2=Curved 9=Unknown

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Unit Info

Type Unit: Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Pedestrian on Skates, in Wheelchair, etc
 Illegally Parked
 Disabled From Previous Crash
 Legally Parked
 Train
 Non-Motorized
 Phantom Vehicle
 Commercial Vehicle
 Yes No
 (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Vehicle Driver / Pedestrian Information

Unit No: 02
 First Name: [REDACTED]
 Last Name: [REDACTED]
 Address / City / State: [REDACTED] CATERET / NEW JERSEY
 Driver License Number: [REDACTED] NJ
 State: NJ
 Alcohol/Drugs Suspected: No Alcohol Illegal Drugs Alcohol and Drugs Unknown
 Driver or Pedestrian Physical Condition: Apparently Normal Had Been Drinking Illegal Drug Use Sick Fatigue Asleep Medication Unknown
 Alcohol Test Type: Test Not Given Blood Breath Urine Other Unknown if Test Given
 Primary Vehicle Code Violation: NONE
 Charged? Yes No
 Alcohol Test Results: Test Refused Test Given, Contaminated Results
 Driver Presence: 1=Driver Operated Vehicle, 2=No Driver, 3=Driver Fled Scene, 4=Hit and Run, 9=Unknown
 Owner/Driver: 00=Not Applicable, 01=Private Vehicle Owned/Leased by Driver, 02=Private Vehicle Not Owned/Leased by Driver, 03=Rented Vehicle, 04=State Police Vehicle, 05=PENNDOT Vehicle, 06=Other State Gov Veh, 07=Municipal Police Veh, 08=Other Municipal Government Vehicle, 09=Federal Gov Veh, 99=Unknown

Vehicle Information

Owner First Name: D C F S
 Owner Last Name or Business Name: T R U S T
 Address / City / State / Zip: [REDACTED] HORSHAM / PA. / [REDACTED]
 VIN: 1 J 4 G L 4 8 K 1 6 W [REDACTED]
 Model Year: 2006
 License Plate: [REDACTED] NJ 999
 Vehicle Towed: Yes No
 Insurance: Yes No Unknown
 Insurance Company: TRAVELER'S
 Policy No: [REDACTED]
 Trailing Unit: No. of Trailing Units: 0
 Type Unit: 1=Towing Pass. Veh, 2=Towing Truck, 3=Towing Utility Trailer, 4=Mobile/Modular Home, 5=Camper, 6=Full Trailer, 7=Semi-Trailer, 8=Other, 9=Unknown
 Direction of Travel: W
 *Vehicle Position: 03
 *Movement: 02
 *See Overlay
 Vehicle Color: 07 (01=Blue, 02=Red, 03=White, 04=Green, 05=Black, 06=Yellow, 07=Silver, 08=Gold, 09=Brown, 10=Orange, 11=Purple, 12=Other, 99=Unknown)
 Vehicle Type: 06 (01=Automobile, 02=Motorcycle, 03=Bus, 04=Small Truck, 05=Large Truck, 06=SUV, 07=Van, 10=Snowmobile, 11=Farm Equip, 12=Construction Equip, 13=ATV, 18=Other Type Spec Veh, 19=Unk. Type Spec Veh, 20=Unicycle, Bicycle, Tricycle, 21=Other Pedalcycle, 22=Horse & Buggy, 23=Horse & Rider, 24=Train, 25=Trolley, 98=Other, 99=Unknown)
 Initial Impact Point: 06 (00=Not Collision, 01-12=Clock Points, 13=Top, 14=Undercarriage, 15=Towed Unit, 99=Unknown)
 Damage Indicator: 3 (0=None, 1=Minor, 2=Functional, 3=Disabling, 9=Unknown)
 Gradient: 2 (1=Level, 2=Uphill)
 Wheel Alignment: 2 (1=Straight, 2=Curved, 9=Unknown)

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Unit Info

Type Unit: Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Pedestrian on Skates, in Wheelchair, etc.
 Illegally Parked
 Disabled From Previous Crash
 Legally Parked
 Train
 Non-Motorized
 Phantom Vehicle
 Commercial Vehicle Yes
 No
 (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 2(B))
 (If Yes, Complete Form Q)

11
Vehicle Driver / Pedestrian Information

Unit No: 03
 First Name: [Redacted]
 Last Name: [Redacted]
 Date of Birth (MM/DD/YYYY): [Redacted]
 Telephone Number: [Redacted]
 Address / City / State: [Redacted] TANEYTOWN/ MARYLAND
 Driver License Number: [Redacted] State: M D A
 Alcohol/Drugs Suspected: No
 Alcohol Test Type: Test Not Given
 Alcohol Test Results: 0
 Driver or Pedestrian Physical Condition: Apparently Normal
 Primary Vehicle Code Violation: NONE
 Driver Presence: 1
 Owner/Driver: 02

12
Vehicle Information

Owner Last Name or Business Name (If Pedestrian, Skip Section): [Redacted]
 Address / City / State / Zip: [Redacted] / MARYLAND / [Redacted]
 VIN: 1XKWDB9X25J [Redacted]
 License Plate: [Redacted] Reg. State: M D Est. Speed: 05
 Vehicle Make: KENWORTH *Make Code: 85
 Vehicle Model: W900L
 Dealer: KRAMER'S
 Insurance Company: CANAL Policy No: [Redacted]
 Trailing Unit: 1 Type Unit: 6
 Direction of Travel: W *Vehicle Position: 03 *Movement: 02 *See Overlay:
 Vehicle Color: 12 Vehicle Type: 05
 Initial Impact Point: 06 Damage Indicator: 2 Gradient: 2 Road Alignment: 2

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People information

<p>A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown</p> <p>B Sex: F=Female M=Male U=Unknown</p> <p>C Injury Severity: 0=Not Injured 1=Killed 2=Major Injury 3=Moderate Injury 4=Minor Injury 8=Injury, Unk Severity 9=Unknown if Injury</p>	<p>D Seat Position: 00=Not A Passenger/Occupant 01=Driver - All Vehicles 02=Front Seat Middle Position 03=Front Seat Right Side 04=Second Row - Left Side Or Motorcycle Passenger 05=Second Row - Middle Position 06=Second Row - Right Side 07=Third Row Or Greater - Left Side 08=Third Row Or Greater - Middle Position 09=Third Row Or Greater - Right Side 10=Sleeper Section of Truckcab 11=In Other Enclosed Passenger Or Cargo Area 12=In Open Area (Back Of Pickup, Etc.) 13=Trailing Unit 14=Riding On Vehicle Exterior 15=Bus Passenger 98=Other 99=Unknown</p>	<p>E Safety Equipment One: 00=None Used / Not Applicable 01=Shoulder Belt Used 02=Lap Belt Used 03=Lap And Shoulder Belt Used 04=Child Safety Seat Used 05=Motorcycle Helmet Used 06=Bicycle Helmet Used 10=Safety Belt Used Improperly 11=Child Safety Seat Used Improperly 12=Helmet Used Improperly 90=Restraint Used, Type Unknown 99=Unknown</p> <p>F Safety Equipment Two: 00=None Used / Not Applicable 01=Front Air Bag Deployed (For This Seat) 02=Side Air Bag Deployed (For This Seat) 03=Other Type Air Bag Deployed 04=Multiple Air Bags Deployed 05=Motorcycle Eye Protection 06=Bicyclist Wearing Elbow/Knee Pads 10=Air Bag Not Deployed, Switch On 11=Air Bag Not Deployed, Switch Off 12=Air Bag Not Deployed, Unk Switch Setting 13=Air Bag Removed (Prior To Crash) 19=Unknown If Air Bag Deployed 99=Unknown</p>	<p>G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown</p> <p>H Ejection Path: 0=Not Ejected / Not Applicable 1=Through Side Door Opening 2=Through Side Window 3=Through Windshield 4=Through Back Door 5=Through Back Door Tailgate Opening 6=Through Roof Opening (Sunroof/Convertible Top Down) 7=Through Roof Opening (Convertible Top Up) 9=Unknown</p> <p>I Extrication: 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Extricated By Non - Mechanical Means 8=Other 9=Unknown</p>
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EMS Agency: HAMBURG

Medical Facility: LEHIGH VALLEY HOSPITAL

Unit No 01	Person No 01	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [REDACTED]	A 1	B M	C 2	D 0	E 1	F 0	G 3	H 0	I 0	J 1		
Name / Address / Phone													EMS Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Same as Operator <input checked="" type="checkbox"/>															
Unit No 02	Person No 01	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [REDACTED]	A 1	B M	C 1	D 0	E 1	F 9	G 9	H 9	I 1	J 0	K 2	
Name / Address / Phone													EMS Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Same as Operator <input checked="" type="checkbox"/>															
Unit No 02	Person No 02	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [REDACTED]	A 2	B P	C 1	D 0	E 3	F 9	G 9	H 9	I 9	J 1	K 0	L 2
Name / Address / Phone													EMS Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Same as Operator <input checked="" type="checkbox"/>															
Unit No 02	Person No 03	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [REDACTED]	A 2	B P	C 1	D 9	E 9	F 9	G 9	H 9	I 9	J 1	K 0	L 2
Name / Address / Phone													EMS Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Same as Operator <input checked="" type="checkbox"/>															
Unit No 03	Person No 01	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [REDACTED]	A 1	B M	C 0	D 0	E 1	F 0	G 3	H 0	I 0	J 1	K 0	L 1
Name / Address / Phone													EMS Transport <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Same as Operator <input checked="" type="checkbox"/>															
Unit No []	Person No []	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) []-[]-[]	A []	B []	C []	D []	E []	F []	G []	H []	I []	J []	K []	L []
Name / Address / Phone													EMS Transport <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Same as Operator <input type="checkbox"/>															

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General Crash Information
(If more than 2 Units only complete once)

Crash Description	1	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Skidswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
Relation to Roadway	1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Goat (Ramp Intersection)	9=Unknown
Illumination	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dark - Unknown Roadway Lighting	8=Other	
Weather Conditions	1	1=No Adverse Conditions 2=Rain	3=Steel (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Steel & Fog 8=Other	9=Unknown
Road Surface Conditions	0	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other

Unit(s) Event Information

Unit No	Harm Event	L/R	Most?	Utility Pole Number
1	0 2		<input checked="" type="radio"/>	
0 1			<input type="radio"/>	
2			<input type="radio"/>	
3			<input type="radio"/>	
4			<input type="radio"/>	

Unit No	Harm Event	L/R	Most?	Utility Pole Number
1	1 1		<input checked="" type="radio"/>	
0 2	0 3		<input type="radio"/>	
2			<input type="radio"/>	
3			<input type="radio"/>	
4			<input type="radio"/>	

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
	0 1	0 2		0 1	0 2

Do not repeat this information on multiple pages

Harmful Events (Harm Event)

01=Hit Unit 1
02=Hit Unit 2
03=Hit Unit 3
04=Hit Unit 4
05=Hit Unit 5
06=Hit Other Traffic Unit
07=Hit Deer
08=Hit Other Animal
09=Collision With Other Non Fixed Object
11=Struck By Unit 1
12=Struck By Unit 2
13=Struck By Unit 3
14=Struck By Unit 4
15=Struck By Unit 5
16=Struck By Other Traffic Unit
21=Hit Tree Or Shrubbery
22=Hit Embankment
23=Hit Utility Pole
24=Hit Traffic Sign
25=Hit Guard Rail
26=Hit Guard Rail End
27=Hit Curb
28=Hit Concrete Or Longitudinal Barrier
29=Hit Ditch
30=Hit Fence Or Wall
31=Hit Building
32=Hit Culvert
33=Hit Bridge Pier Or Abutment
34=Hit Parapet End
35=Hit Bridge Rail
36=Hit Boulder Or Obstacle On Roadway
37=Hit Impact Attenuator
38=Hit Fire Hydrant
39=Hit Roadway Equipment
40=Hit Mail Box
41=Hit Traffic Island
42=Hit Snow Bank
43=Hit Temporary Construction Barrier
44=Hit Other Fixed Object
45=Hit Unknown Fixed Object
50=Overturn/Roll Over
51=Struck By Thrown Or Falling Object
52=Pot Holes Or Other Pavement Irregularities
53=Skate Knife
54=Fire In Vehicle
55=Other Non-Collision
99=Unknown Harmful Event

Contributing Information

Environmental / Roadway Potential Factors (E/R)

1 0 0 2

00=None
01=Windy Conditions
02=Sudden Weather Conditions
03=Other Weather Conditions
04=Deer In Roadway
05=Obstacle On Roadway
06=Other Animal In Roadway
07=Glare
08=Work Zone Related
11=Slippery Road Conditions (Ice/Snow)
12=Substance On Roadway
13=Potholes
14=Broken Or Cracked Pavement
15=TCO Obstructed
16=Soft Shoulder Or Shoulder Drop Off
28=Other Roadway Factor
29=Other Environmental Factor
99=Unknown

Possible Vehicle Failures (V)

00=None
01=Tires
02=Brake System
03=Steering System
04=Suspension
05=Power Train
06=Exhaust
07=Headlights
08=Signal Lights
09=Other Lights
10=Horn
11=Mirrors
12=Wipers
13=Driver Seating/Control
14=Body, Doors, Hood, Etc
15=Trailer Hitch
16=Wheels
17=Airbags
18=Trailer Overloaded
19=Unsecure/Shifted Trailer Load
20=Improper Towing
21=Obstructed Windshield
99=Unknown

Unit No 0 1 1 0 0 2

Unit No 0 2 1 0 0 2

Driver Action (D)

00=No Contributing Action
01=Driver Was Distracted
02=Driving Using Hand Held Phone
03=Driving Using Hands Free Phone
04=Making Illegal U-Turn
05=Improper/Careless Turning
06=Turning From Wrong Lane
07=Proceeding W/O Clearance After Stop
08=Running Stop Sign
09=Running Red Light
10=Failure To Respond To Other Traffic Control Device
11=Tailgating
12=Sudden Slowing/Stopping
13=Illegally Stopped On Road
14=Careless Passing Or Lane Change
15=Passing In No Passing Zone
16=Driving The Wrong Way On 1-Way Street
17=Careless Or Illegal Backing On Roadway
18=Driving On The Wrong Side Of Road
19=Making Improper Entrance To Highway
20=Making Improper Exit From Highway
21=Careless Parking/Unparking
22=Over/Under Compensation At Curve
23=Speeding
24=Driving Too Fast For Conditions
25=Failure To Maintain Proper Speed
26=Driver Fleeing Police (Pol Chase)
27=Driver Inexperienced
28=Failure To Use Specialized Equip
29=Affected By Physical Condition
98=Other Improper Driving Actions
99=Unknown

Unit No 0 1 1 2 4 2 1 0 3 9 8 4

Unit No 0 2 1 0 0 3

Indicated Prime Factor

Do not repeat this information on multiple pages.

E/R V D P

Unit No 0 1 2 4

If EIR is the Prime Factor Type, leave Unit No blank

Pedestrian Action (P)

00=None
01=Entering Or Crossing At Specified Location
02=Walking, Running, Jogging, Or Playing
03=Working
04=Pushing Vehicle
05=Approaching Or Leaving Vehicle
06=Working On Vehicle
07=Standing
98=Other
99=Unknown

Unit No 0 1 0 0 Unit No 0 2 0 0

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Crash Number

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General Crash Information
(If more than 2 Lines only complete once)

Crash Description	<input type="checkbox"/> 0=Non-Collision 1=Rear End	<input type="checkbox"/> 2=Head On 3=Rear to Rear (Backing)	<input type="checkbox"/> 4=Angle 5=Sideswipe (Same Direction)	<input type="checkbox"/> 6=Side-swipe (Opposite Direction) 7=Hit Fixed Object	<input type="checkbox"/> 8=Hit Pedestrian 9=Other/Unknown
Relation to Roadway	<input type="checkbox"/> 1=On Travel Lanes 2=Shoulder	<input type="checkbox"/> 3=Median 4=Roadside	<input type="checkbox"/> 5=Outside Trafficway 6=In Parking Lane	<input type="checkbox"/> 7=Over (Flang) Intersection 8=Unknown	<input type="checkbox"/> 9=Other
Illumination	<input type="checkbox"/> 1=Daylight 2=Dark - No Street Lights	<input type="checkbox"/> 3=Dark - Street Lights 4=Dusk	<input type="checkbox"/> 5=Dawn 6=Dark - Unknown Roadway Lighting	<input type="checkbox"/> 7=Other	<input type="checkbox"/> 8=Other
Weather Conditions	<input type="checkbox"/> 1=No Adverse Conditions 2=Rain	<input type="checkbox"/> 3=Steel (Hail) 4=Snow	<input type="checkbox"/> 5=Fog 6=Rain & Fog	<input type="checkbox"/> 7=Steep Fog 8=Other	<input type="checkbox"/> 9=Unknown
Road Surface Conditions	<input type="checkbox"/> 0=Dry 1=Wet	<input type="checkbox"/> 2=Sand, Mud, Dirt, Oil 3=Snow Covered	<input type="checkbox"/> 4=Slush 5=Ice	<input type="checkbox"/> 6=Ice Patches 7=Water - Standing or Moving	<input type="checkbox"/> 8=Other

Unit(s) Event Information

Unit No	Harm Event	L/R	Most?	Utility Pole Number
1	1	2	<input type="checkbox"/>	
0 3			<input type="checkbox"/>	
2			<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	

Please Put Events in Sequential Order

Unit No	Harm Event	L/R	Most?	Utility Pole Number
1			<input type="checkbox"/>	
2			<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	

Please Put Events in Sequential Order

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event

Do not repeat this information on multiple pages

Harmful Events (Harm Event)

01=Hit Unit 1	30=Hit Fence Or Wall
02=Hit Unit 2	31=Hit Building
03=Hit Unit 3	32=Hit Object
04=Hit Unit 4	33=Hit Bridge Pier Or Abutment
05=Hit Unit 5	34=Hit Parapet End
06=Hit Other Traffic Unit	35=Hit Bridge Rail
07=Hit Deer	36=Hit Boulder Or Obstacle On Roadway
08=Hit Other Animal	37=Hit Impact Attenuator
09=Collision With Other Non Fixed Object	38=Hit Fire Hydrant
11=Struck By Unit 1	39=Hit Roadway Equipment
12=Struck By Unit 2	40=Hit Mail Box
13=Struck By Unit 3	41=Hit Traffic Island
14=Struck By Unit 4	42=Hit Snow Bank
15=Struck By Unit 5	43=Hit Temporary Construction Barrier
16=Struck By Other Traffic Unit	44=Hit Other Fixed Object
21=Hit Tree Or Shrubbery	49=Hit Unknown Fixed Object
22=Hit Embankment	50=Overturn/Roll Over
23=Hit Utility Pole	51=Struck By Thrown Or Falling Object
24=Hit Traffic Sign	52=Holes Or Other Pavement Irregularities
25=Hit Guard Rail	53=Ice Patch
26=Hit Guard Rail End	54=Fire In Vehicle
27=Hit Curb	58=Other Non-Collision
28=Hit Concrete Or Longitudinal Barrier	90=Unknown Harmful Event
29=Hit Ditch	

17

18

Contributing Information

Environmental / Roadway Potential Factors (E/R)

00=None	11=Slippery Road Conditions (Ice/Snow)
01=Windy Conditions	12=Substance On Roadway
02=Sudden Weather Conditions	13=Potholes
03=Other Weather Conditions	14=Broken Or Cracked Pavement
04=Deer In Roadway	15=TCD Obstructed
05=Obstacle On Roadway	16=Soft Shoulder Or Shoulder Drop Off
06=Other Animal On Roadway	28=Other Roadway Factor
07=Glare	29=Other Environmental Factor
08=Work Zone Related	99=Unknown

Possible Vehicle Failures (V)

00=None	06=Exhaust	12=Wipers
01=Tires	07=Headlights	13=Driver Seating/Control
02=Brake System	08=Signal Lights	14=Body, Doors, Hood, Etc
03=Steering System	09=Other Lights	15=Trailer Hitch
04=Suspension	10=Horn	16=Wheels
05=Power Train	11=Mirrors	17=Airbags
		18=Trailer Overloaded
		19=Unsecure/Shifted Trailer Load
		20=Improper Towing
		21=Obstructed Windshield
		99=Unknown

Driver Action (D)

00=No Contributing Action	17=Careless Or Illegal Backing On Roadway
01=Driver Was Distracted	18=Driving On The Wrong Side Of Road
02=Driving Using Hand Held Phone	19=Making Improper Entrance To Highway
03=Driving Using Hands Free Phone	20=Making Improper Exit From Highway
04=Making Illegal U-Turn	21=Careless Parking/Unparking
05=Improper/Careless Turning	22=Over/Under Compensation At Curve
06=Turning From Wrong Lane	23=Speeding
07=Proceeding W/O Clearance After Stop	24=Driving Too Fast For Conditions
08=Running Stop Sign	25=Failure To Maintain Proper Speed
09=Running Red Light	26=Driver Fleeting Police (Pol Chase)
10=Failure To Respond To Other Traffic Control Device	27=Driver Inexperienced
11=Tailgating	28=Failure To Use Specialized Equip
12=Sudden Slowing/Stopping	92=Affected By Physical Condition
13=Illegally Stopped On Road	93=Other Improper Driving Actions
14=Careless Passing Or Lane Change	99=Unknown
15=Passing In No Passing Zone	
16=Driving The Wrong Way On 1-Way Street	

Unit No	0 3	1	0 0	2		3		4	
Unit No		1		2		3		4	

Pedestrian Action (P)

00=None	03=Working On Pedestrian Vehicle
01=Entering Or Crossing At Specified Location	04=Approaching Or Leaving Vehicle
02=Walking, Running, Jogging, etc.	05=Working On Vehicle
	06=Working
	07=Other

Indicated Prime Factor Unit No Factor Code

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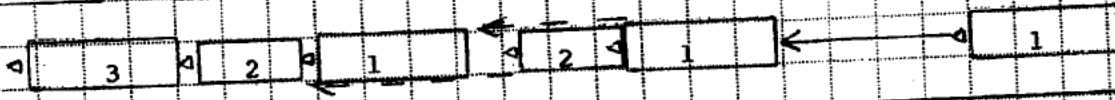
0 8

NOT DRAWN
TO SCALE

LENHARTSVILLE BORO
APPROX. .5 MILE



Diagram



INTERSTATE 0078 (WESTBOUND)

Witness Name	Address	Phone
1 [REDACTED]	[REDACTED] READING, PA.	[REDACTED]
2 [REDACTED]	[REDACTED] QUAKAKE, PA.	[REDACTED]

Narrative and additional witnesses:

Accident Investigation Notification Issued? Property Damage

- UNIT#1: CELL PHONE PRESENT-NOT IN USE
- UNIT#2: CELL PHONE PRESENCE-UNKNOWN
- UNIT#3: CELL PHONE PRESENT-NOT IN USE

Witness and Narrative

PRIOR TO THE COLLISION UNIT#3 WAS STOPPING/SLOWING IN THE LEFT LANE ON INTERSTATE 0078 WESTBOUND. UNIT#2 WAS ALSO STOPPING/SLOWING BEHIND UNIT#3. UNIT#1 WAS TRAVELING BEHIND UNIT#2. A CONSTRUCTION ZONE WAS IN EXISTENCE. THIS COLLISION OCCURRED AS UNIT#1 FRONT TRAVELED INTO THE REAR OF UNIT#2, BOTH UNITS BURSTING INTO FLAMES UPON IMPACT. UNIT#2 FRONT TRAVELED INTO THE REAR OF UNIT#3. IMPACTS OCCURRED APPROX. ONE MILE EAST OF THE TRANSITION AREA. FOLLOWING IMPACT, OPERATOR#3 REMOVED UNIT#3 FROM IT'S FINAL RESTING POSITION. UNIT#1 CAME TO A FINAL REST AGAINST UNIT#2. THE ENGINE/RADIATOR OF UNIT#1 WAS RESTING AGAINST THE FRONT SEAT/DASH AREA OF UNIT#2. UPON THIS OFFICER'S ARRIVAL, BOTH UNITS 1 & 2 WERE IN THEIR FINAL RESTING POSITION. UNIT#3 WAS LOCATED APPROXIMATELY 200 FEET WEST OF UNIT#2. PHYSICAL EVIDENCE AT SCENE CONSISTED OF SKID MARKS LEFT FROM UNIT#1. DIESEL FUEL WAS EVIDENT IN THE LEFT LANE AND ON THE CENTER MEDIAN. SILVER PAINT CHIPS WERE EVIDENT ON UNIT#3 BUMPER. ALL THREE OCCUPANTS WERE WITHIN UNIT#2 AND WERE SUBSEQUENTLY REMOVED BY MECHANICAL MEANS BY THE FIRE DEPARTMENTS ON SCENE. REFER TO CPL. HERB'S SUPPLEMENTAL FOR ADDITIONAL EVIDENCE.

MORE

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

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LO4-0947391

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Narrative and additional witnesses:

INTERSTATE 0078 WAS UNDER CONSTRUCTION FROM THE AREA BETWEEN MILE MARKER 34 TO MILE MARKER 28.5 WESTBOUND. TRAFFIC WAS LIMITED TO ONE LANE BOTH EAST AND WESTBOUND LANES. NUMEROUS SIGNS WERE ERECTED WARNING MOTORISTS OF THE EXISTING CONSTRUCTION ZONE PROJECT. A ONE MILE BACKLOG HAD FORMED DUE TO THE HEAVY FLOW OF TRAFFIC AND THE RESTRICTED ONE LANE OF TRAVEL. TRAFFIC SIGNS ARE LISTED LATER IN THIS REPORT.

OPERATOR#1 WAS TRANSPORTED TO LEHIGH VALLEY HOSPITAL VIA HAMBURG EMERGENCY MEDICAL SERVICES FOR TREATMENT OF HIS INJURIES. HE WAS SUBSEQUENTLY INTERVIEWED BY TROOPER KEVIN HOLLAND-PSP HAMBURG. NO SIGNS OF AN ALCOHOLIC BEVERAGE OR A CONTROLLED SUBSTANCE WERE APPARENT DURING THE INTERVIEW AS STATED BY TRP. HOLLAND.

SCENE WAS SECURED BY TROOPERS DEREK BECK AND MICHAEL KOSLOSKY. BERKS COUNTY CORONER'S OFFICE AND CARS UNIT-TROOP L (CPL. ROBERT HERB AND TPR. JOHN MINALDA), WERE SUMMONED TO THE SCENE.

[REDACTED], RIGHT FRONT PASSENGER, WAS PRONOUNCED DEAD AT SCENE AT 1310 HOURS. [REDACTED] REAR PASSENGER, WAS PRONOUNCED DEAD AT SCENE 1455 HOURS. OPERATOR#2 WAS PRONOUNCED DEAD AT 1640 HOURS. ALL THREE OCCUPANTS IN UNIT#2 WERE PRONOUNCED BY THE BERKS COUNTY CORONER'S, FRANK J. PILAT (FIRST DEPUTY CORONER) AND ELLIS J. EDMONDS (INVESTIGATOR), 610-478-3280, FAX#610-478-3289.

RECORDS AND IDENTIFICATION UNIT-PSP READING, TPR. RUDY SCHONING PHOTOGRAPHED THE SCENE WHICH INCLUDED AERIAL PHOTOS.

NUMEROUS WITNESSES WERE ON SCENE. THIS OFFICER INTERVIEWED TWO WITNESSES ON SCENE. REFER TO ATTACHED VICTIM/WITNESS STATEMENT FORMS, SP7-0054. REFER TO TPR. KOSLOSKY'S SUPPLEMENTAL FOR ADDITIONAL INTERVIEWS CONDUCTED AT SCENE.

TPR. DEREK BECK INTERVIEWED OPERATOR#3 AT SCENE AT APPROX. 1257 HOURS. HE INDICATED HE WAS TRAVELING APPROX. 3-5 MILES PER HOUR BECAUSE OF SLOWED TRAFFIC IN THE LEFT LANE. HE HEARD AN AIRHORN, THEN LOOKED IN HIS SIDE MIRROR, AND GOT STRUCK. FOLLOWING THE IMPACT WITH UNIT#3/UNIT#2 HE GOT LAUNCHED FORWARD APPROX. 100 FEET. HE REMOVED UNIT#3 FROM IT'S FINAL RESTING POSITION DUE THE FIRE.

NEW JERSEY REGISTRATION PLATE [REDACTED] WAS RECOVERED AT SCENE. PENNDOT LISTED OPERATOR#2 AS A LESSEE. REFER TO CPL. RICHARD MORGAN'S SUPPLEMENTAL FOR NEXT OF KIN NOTIFICATION FOR THE OCCUPANTS IN UNIT#2.

BERKS COUNTY EMERGENCY MANAGEMENT, DEPUTY COORDINATOR OF OPERATIONS

MORE

Auxiliary Witness and Narrative

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Narrative and additional witnesses: AND TRAINING, BRIAN A. GOTTSCHALL WAS ON SCENE. APPROX. 50-100 GALLONS OF DIESEL FUEL WERE SPILLED ONTO THE CENTER MEDIAN AND IN THE LEFT LANE, 610-378-5521. DEPARTMENT OF ENVIRONMENTAL PROTECTION WAS NOTIFIED OF THE CRASH, HOWEVER DID NOT RESPOND TO THE SCENE.

TPR. JOSEPH DELASH-PSP HAMBURG, DOT UNIT INSPECTED BOTH UNITS 1 & 3 AT SCENE. REFER TO ATTACHED DRIVER/VEHICLE EXAMINATION REPORTS. INSPECTION RESULTED IN NO MECHANICAL FAILURE WHICH WOULD HAVE CONTRIBUTED TO THE CRASH.

NOTE: BOTH LANES WESTBOUND WERE CLOSED FOR APPROX. 8 1/2 HOURS. THE LEFT LANE EASTBOUND ON INTERSTATE 0078 WAS CLOSED FOR APPROX. THREE HOURS DUE TO A BURNT TIRE LYING ON THE ROADWAY. THE POSTED SPEED LIMIT WHERE THE CRASH OCCURRED WAS 55 MILES PER HOUR. THE POSTED SPEED LIMIT WITHIN THE WORK ZONE AREA IS 50 MILES PER HOUR.

NOTE: REFER TO PAGE#1 OF THIS REPORT, BLOCK#6. MILE MARKER 0035/ SEGMENT MARKER 0345, ARE LOCATED APPROXIMATELY 2/10 MILE WEST OF THE CRASH SCENE. SEGMENT MARKER 0351 IS LOCATED APPROXIMATELY 3/10 MILE EAST OF THE CRASH SITE. BASED ON SAME, THE CRASH SCENE'S LOCATION IS LISTED AS MILE MARKER 35.2.

NOTE: REFER TO PAGE#2 OF THIS REPORT, BLOCK#11, "PRIMARY VEHICLE CODE VIOLATION". CHARGES ON OPERATOR#1 ARE PENDING RESULTS OF THE RECONSTRUCTION DONE AT SCENE AND CONSULTATION WITH THE DISTRICT ATTORNEY'S OFFICE, BERKS COUNTY.

NOTE: REFER TO PAGE#2 AND PAGE#3 OF THIS REPORT, BLOCK#12, "ESTIMATED SPEED". ESTIMATED SPEEDS WERE NOT ENTERED DUE TO THE PENDING RECONSTRUCTION OF THE CRASH SCENE. OPERATOR#3 DID INDICATE HIS ESTIMATED SPEED PRIOR TO THE COLLISION WAS 3 TO 5 MILES PER HOUR, THEREFORE 5 MILES PER HOUR EISEBO.

SERGEANT EDWARD HOKE-PSP HAMBURG STATION COMMANDER ASSISTED AT SCENE. PIECES OF THE CEMENT HIGHWAY WERE UPLIFTED WITHIN THE LEFT LANE ON INTERSTATE 0078, THEREFORE A SP7-0015 FORM WAS FORWARDED TO PENNDOT DISTRICT 5-1, PO BOX 129, TEMPLE, PA. 19560. SAID FORM WAS ISSUED TO OPER#3 AT SCENE, FAXED TO [REDACTED] FATHER OF OPERATOR#2, MAILED TO OPERATOR#/OWNER OF UNIT#1 AND TO [REDACTED] FATHER OF [REDACTED].

THIS OFFICER DID ARRIVE ON SCENE AT APPROXIMATELY 1214 HOURS, HOWEVER WAS ORIGINALLY ASSIGNED TO MONITOR THE BACKLOG OF TRAFFIC THAT HAD FORMED EAST OF THE CRASH, WHICH WAS AT MILE MARKER 38 UPON MY ARRIVAL. I WAS LATER REASSIGNED BY SGT. HOKE AS THE PRIMARY INVESTIGATOR. I SUBSEQUENTLY ARRIVED BACK TO THE SCENE AT APPROX. 1300 HOURS.

ON 11/03/06 AT APPROX. 2045 HOURS THIS OFFICER SPOKE WITH [REDACTED] NORTH BRUNSWICK NEW JERSEY [REDACTED]

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Narrative and additional witnesses: [REDACTED] IS THE FATHER TO [REDACTED] THE RIGHT FRONT PASSENGER. HE SUBSEQUENTLY FURNISHED THE NAMES AND DATE OF BIRTHS OF HIS DAUGHTER AND GRANDDAUGHTER. [REDACTED] WAS ADVISED TO CONTACT THE BERKS COUNTY CORONER'S OFFICE AS SOON AS POSSIBLE.

11/06/06

REPORTING OFFICER CONTACTED THE BERKS COUNTY DISTRICT ATTORNEY'S OFFICE AND SPOKE WITH ADRIAN SCHUKA, 610-478-6000. LEHIGH VALLEY HOSPITAL, RN"SUE" WAS CONTACTED, 610-402-8000. OPERATOR#1 WAS STILL LISTED IN CRITICAL CONDI-TION.

BERKS COUNTY CORONER'S OFFICE WAS CONTACTED. I SPOKE WITH FRANK PILAT-FIRST DEPUTY CORONER. HE ADVISED THE CAUSE OF DEATH WAS BLUNT FORCE TRAUMA, AND THE MANNER OF DEATH WAS VEHICULAR HOMICIDE. HE RELATED THE CERTIFICATES OF DEATH WOULD BE FORWARDED IN THE FUTURE.

[REDACTED] COLONIA, NEW JERSEY [REDACTED] FAX# [REDACTED] FATHER OF OPERATOR#2, WAS CONTACTED AND AD- VISED OF THE CRASH.

REFER TO PAGE#4, BLOCK#12-"VEHICLE TOWED". UNIT#3 TRAILER WAS TOWED FROM SCENE, NOT THE TRUCK TRACTOR.

REFER TO ATTACHMENTS, SUCH AS, REPORT OF DISPATCH TIMES RECEIVED FROM NORRISTOWN CDC, DRIVER'S LICENSE & REGISTRATION INFORMATION/PENNDOT SCOPE MESSAGES FOR ALL THREE UNITS/OPERATORS INVOLVED, UNIT#1 INSURANCE INFORMATION AND OTHER INFO RECEIVED FROM OWNER OF UNIT#1 VIA FAX, TROOP L FATAL CRASH DATA FORM, COPY OF REPORT SUBMITTED TO THE PSP INET, COPIES OF NEWSPAPER ARTICLES FROM THE READING EAGLE/MORNING CALL, NEWS RELEASE, CERTIFIED COPY REQUEST SUBMITTED TO PENNDOT FOR OPER#1, CRIMINAL HISTORY RESPONSE FOR OPER#1 AND OTHER ATTACHMENTS. ALL ATTACHMENTS WILL BE FILED IN THE SUPPLEMENTAL FIL

ON 11/08/06 BILL SULLENS, DNH ENTERPRISES, CARRIER FOR UNIT#1, WAS CONTACTED AT 717-418-2284. HE FURNISHED UNIT#1 MODEL AS BEING A CENTURY CLASS, AND INDICATED UNIT#1 TRUCK TRACTOR HAD A SLEEPER BIRTH.

ON 11/09/06 OPER#1 ATTORNEY, STANLEY MITCHELL, 717-943-3289, WAS CON- TACTED AND ADVISED HE WOULD BE REPRESENTING OPERATOR#1.

NOTE:DIAGRAM ON PAGE#8 OF THIS REPORT ONLY INDICATES LOCATION OF THE CRASH. TROOP L CARS UNIT WILL SUBMIT AND ACCURATE DIAGRAM OF THE CRASH IN THE FUTURE. REPORT WILL REMAIN OPEN.

Auxiliary Witness and Narrative

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Road Surface Type <input checked="" type="radio"/> Concrete <input type="radio"/> Blacktop <input type="radio"/> Brick or Block <input type="radio"/> Slag, Gravel or Stone <input type="radio"/> Dirt <input type="radio"/> Other <input type="radio"/> Unknown	Special Jurisdiction <input checked="" type="radio"/> No Special Jurisdiction <input type="radio"/> National Park <input type="radio"/> Military <input type="radio"/> Indian Reservation <input type="radio"/> College/University Campus <input type="radio"/> Other Federal Sites <input type="radio"/> Other <input type="radio"/> Unknown
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Please complete Unit Information for each unit involved in a fatal crash. Do not repeat the information in the fields above on multiple pages.

Unit Information	Unit No 0 1	Principle Impact Point <input type="radio"/> Non-Collision <input type="radio"/> Top <input type="radio"/> Undercarriage <input type="radio"/> Towed Unit <input type="radio"/> Unknown			
	Driver Restrictions Compliance <input checked="" type="radio"/> No Restrictions/Not Applicable <input type="radio"/> Restrictions Complied With <input type="radio"/> Restrictions Not Complied With <input type="radio"/> Compliance Unknown	<input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown Compliance	Avoidance Maneuver <input type="radio"/> No Avoidance Maneuver <input checked="" type="radio"/> Braking - Skid Marks Evident <input type="radio"/> Braking - No Skid Marks, Driver Stated	<input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Driver Stated <input type="radio"/> Steering and Braking Evidence or Stated <input type="radio"/> Other Avoidance Maneuver <input type="radio"/> Inconclusive <input type="radio"/> Unknown	
	Driver Endorsement Compliance <input checked="" type="radio"/> None Required	<input type="radio"/> Required - Complied With <input type="radio"/> Required - Non Compliance <input type="radio"/> Required - Compliance Unknown	<input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown Compliance	Under Ride Indicator <input type="radio"/> No Underride or Override <input type="radio"/> Underride, Compartment Intrusion	<input type="radio"/> Underride, No Compartment Intrusion <input type="radio"/> Underride, Compartment Intrusion Unknown <input checked="" type="radio"/> Override, Other Vehicle <input type="radio"/> Unknown if Underride or Override
	Driver License Compliance <input type="radio"/> Not Licensed <input checked="" type="radio"/> Valid License for Class	<input type="radio"/> Not Required for Vehicle Class <input type="radio"/> No Valid License for Class <input checked="" type="radio"/> Valid License for Class	<input type="radio"/> Unk if CDL or CDL Required <input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown	Emergency Use <input checked="" type="radio"/> Not in Emergency Use	<input type="radio"/> Lights Flashing <input type="radio"/> Siren Sounding <input type="radio"/> Both Lights and Siren <input type="radio"/> Unknown
	Drug Test Type <input checked="" type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Urine	<input type="radio"/> Other <input type="radio"/> Unknown if Test Given	Drug Test Results - (Up to Four Results) 0 = No Test Given 1 = No Drug Reported 2 = Marijuana 3 = Cocaine 4 = Opiates 5 = Amphetamines 6 = PCP 8 = Other 9 = Unknown Test Results		
	Drug Test Results - (Up to Four Results) 0 0				

Unit Information	Unit No 0 2	Principle Impact Point <input type="radio"/> Non-Collision <input type="radio"/> Top <input type="radio"/> Undercarriage <input type="radio"/> Towed Unit <input type="radio"/> Unknown			
	Driver Restrictions Compliance <input type="radio"/> No Restrictions/Not Applicable <input type="radio"/> Restrictions Complied With <input type="radio"/> Restrictions Not Complied With <input type="radio"/> Compliance Unknown	<input checked="" type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown Compliance	Avoidance Maneuver <input checked="" type="radio"/> No Avoidance Maneuver <input type="radio"/> Braking - Skid Marks Evident <input type="radio"/> Braking - No Skid Marks, Driver Stated	<input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Driver Stated <input type="radio"/> Steering and Braking Evidence or Stated <input type="radio"/> Other Avoidance Maneuver <input type="radio"/> Inconclusive <input type="radio"/> Unknown	
	Driver Endorsement Compliance <input type="radio"/> None Required	<input type="radio"/> Required - Complied With <input type="radio"/> Required - Non Compliance <input type="radio"/> Required - Compliance Unknown	<input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown Compliance	Under Ride Indicator <input checked="" type="radio"/> No Underride or Override <input type="radio"/> Underride, Compartment Intrusion	<input type="radio"/> Underride, No Compartment Intrusion <input type="radio"/> Underride, Compartment Intrusion Unknown <input type="radio"/> Override, Other Vehicle <input type="radio"/> Unknown if Underride or Override
	Driver License Compliance <input type="radio"/> Not Licensed <input type="radio"/> Valid License for Class	<input type="radio"/> Not Required for Vehicle Class <input type="radio"/> No Valid License for Class <input type="radio"/> Valid License for Class	<input type="radio"/> Unk if CDL or CDL Required <input checked="" type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown	Emergency Use <input checked="" type="radio"/> Not in Emergency Use	<input type="radio"/> Lights Flashing <input type="radio"/> Siren Sounding <input type="radio"/> Both Lights and Siren <input type="radio"/> Unknown
	Drug Test Type <input checked="" type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Urine	<input type="radio"/> Other <input type="radio"/> Unknown if Test Given	Drug Test Results - (Up to Four Results) 0 = No Test Given 1 = No Drug Reported 2 = Marijuana 3 = Cocaine 4 = Opiates 5 = Amphetamines 6 = PCP 8 = Other 9 = Unknown Test Results		
	Drug Test Results - (Up to Four Results) 0 0				

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Road Surface Type

Concrete Brick or Block Dirt
 Blacktop Slag, Gravel or Stone Other
 Unknown

Special Jurisdiction

Military Other Federal Sites
 No Special Jurisdiction Indian Reservation Other
 National Park College/University Campus Unknown

Please complete Unit Information for each unit involved in a fatal crash. Do not repeat the information in the fields above on multiple pages.

Unit No
0 3

Driver Restrictions Compliance

No Restrictions/Not Applicable Restrictions Complied With Not a Pennsylvania Driver
 Restrictions Not Complied With Unknown Compliance

Driver Endorsement Compliance

None Required Required - Complied With Not a Pennsylvania Driver
 Required - Non Compliance Unknown Compliance
 Required - Compliance Unknown

Driver License Compliance

Not Licensed Not Required for Vehicle Class Unk if CDL or CDL Required
 Valid License for Class No Valid License for Class Not a Pennsylvania Driver
 Unknown

Drug Test Type

None Blood Other
 Urine Unknown if Test Given

Drug Test Results - (Up to Four Results)

0 = No Test Given 5 = Amphetamines
1 = No Drug Reported 6 = PCP
2 = Marijuana 8 = Other
3 = Cocaine 9 = Unknown Test Results
4 = Opiates

0

Principle Impact Point

Non-Collision

Top

Undercarriage

Towed Unit

Unknown

Avoidance Maneuver

No Avoidance Maneuver Braking - Other Evidence Other Avoidance Maneuver
 Braking - Skid Marks Evident Steering - Evidence or Driver Stated Inconclusive
 Braking - No Skid Marks, Driver Stated Steering and Braking Evidence or Stated Unknown

Under Ride Indicator

No Underride or Override Underride, No Compartment Intrusion Override, Other Vehicle
 Underride, Compartment Intrusion Underride, Compartment Intrusion Unknown Unknown if Underride or Override

Emergency Use

Not in Emergency Use Lights Flashing Both Lights and Siren
 Siren Sounding Unknown

Unit No

Driver Restrictions Compliance

No Restrictions/Not Applicable Restrictions Complied With Not a Pennsylvania Driver
 Restrictions Not Complied With Unknown Compliance

Driver Endorsement Compliance

None Required Required - Complied With Not a Pennsylvania Driver
 Required - Non Compliance Unknown Compliance
 Required - Compliance Unknown

Driver License Compliance

Not Licensed Not Required for Vehicle Class Unk if CDL or CDL Required
 Valid License for Class No Valid License for Class Not a Pennsylvania Driver
 Unknown

Drug Test Type

None Blood Other
 Urine Unknown If Test Given

Drug Test Results - (Up to Four Results)

0 = No Test Given 5 = Amphetamines
1 = No Drug Reported 6 = PCP
2 = Marijuana 8 = Other
3 = Cocaine 9 = Unknown Test Results
4 = Opiates

Principle Impact Point

Non-Collision

Top

Undercarriage

Towed Unit

Unknown

Avoidance Maneuver

No Avoidance Maneuver Braking - Other Evidence Other Avoidance Maneuver
 Braking - Skid Marks Evident Steering - Evidence or Driver Stated Inconclusive
 Braking - No Skid Marks, Driver Stated Steering and Braking Evidence or Stated Unknown

Under Ride Indicator

No Underride or Override Underride, No Compartment Intrusion Override, Other Vehicle
 Underride, Compartment Intrusion Underride, Compartment Intrusion Unknown Unknown if Underride or Override

Emergency Use

Not in Emergency Use Lights Flashing Both Lights and Siren
 Siren Sounding Unknown

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For Answers to the below (except for Engine Size and Helmet Type) use the following codes: Y = Yes N = No U = Unknown

Motorcycle	Unit No <input type="text"/>	Engine Size: <input type="text"/> CC	Driver Protection ?	Helmet Type	Passenger Protection ?	Helmet Type
	Motorcycle Has? The Driver Has?		<input type="checkbox"/> Eye Protection	0 = No Helmet 1 = Full Helmet 2 = 3/4 Style 3 = Half Helmet 9 = Unknown	<input type="checkbox"/> Eye Protection	0 = No Helmet 1 = Full Helmet 2 = 3/4 Style 3 = Half Helmet 9 = Unknown
	<input type="checkbox"/> Passenger <input type="checkbox"/> MC Education		<input type="checkbox"/> Long Sleeves	Style 9 = Unknown	<input type="checkbox"/> Long Sleeves	Style 9 = Unknown
	<input type="checkbox"/> Saddle Bag and/or Trunk		<input type="checkbox"/> Long Pants	Helmet Stay On?	<input type="checkbox"/> Long Pants	Helmet Stay On?
	<input type="checkbox"/> Trailer		<input type="checkbox"/> Over Ankle Boots	Helmet has DOT or Snell Designation	<input type="checkbox"/> Over Ankle Boots	Helmet has DOT or Snell Designation

Pedalcycles	Unit No <input type="text"/>	Use Codes Y = Yes N = No U = Unknown	<input type="checkbox"/> Passenger?	<input type="checkbox"/> Helmet?	Unit No <input type="text"/>	Use Codes Y = Yes N = No U = Unknown	<input type="checkbox"/> Passenger?	<input type="checkbox"/> Helmet?
			<input type="checkbox"/> Head Lights?	<input type="checkbox"/> Rear Reflectors?			<input type="checkbox"/> Head Lights?	<input type="checkbox"/> Rear Reflectors?

Pedestrian	Unit No <input type="text"/>	Pedestrian Location	Unit No <input type="text"/>	Pedestrian Location
	Pedestrian Signals	01 = Marked Crosswalks at Intersection 02 = At Intersection - No Crosswalks 03 = Non-Intersection Crosswalks 04 = Driveway Access 05 = In Roadway 06 = Not in Roadway 07 = Median 08 = Island 09 = Shoulder 10 = Sidewalk 11 = < 10 Feet Off Road 12 = > 10 Feet Off Road 13 = Outside Trafficway 14 = Shared Paths/Trails 99 = Unknown	Pedestrian Signals	01 = Marked Crosswalks at Intersection 02 = At Intersection - No Crosswalks 03 = Non-Intersection Crosswalks 04 = Driveway Access 05 = In Roadway 06 = Not in Roadway 07 = Median 08 = Island 09 = Shoulder 10 = Sidewalk 11 = < 10 Feet Off Road 12 = > 10 Feet Off Road 13 = Outside Trafficway 14 = Shared Paths/Trails 99 = Unknown
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at Intersection		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at Intersection	
	Pedestrian Clothing		Pedestrian Clothing	
	<input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Reflective <input type="checkbox"/> Unknown		<input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Reflective <input type="checkbox"/> Unknown	

Work Zone	Work Zone Type	Where in Work Zone ?	Work Zone Speed or Advisory Limit	Law Enforcement Officer Present	Special Work Zone Characteristics	<input checked="" type="checkbox"/> Lane Closure?
	<input checked="" type="radio"/> Construction (Long Term) <input type="radio"/> Maintenance (Short Term) <input type="radio"/> Utility Company <input type="radio"/> Other	<input type="radio"/> Before 1st Work Zone Warning Sign <input checked="" type="radio"/> Advance Warning Area <input type="radio"/> Transition Area <input type="radio"/> Activity Area <input type="radio"/> Termination Area <input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Unknown	(Mark all that apply, if not involved or unknown, leave blank)
			Workers Present			
			<input type="checkbox"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Unknown			

List all Warning Signs in Narrative

Additional M-Page Information WORK ZONE SIGNS POSTED FROM EXIT 40(KUTZTOWN EXIT) TO THE CRASH SCENE ON INTERSTATE 0078 WESTBOUND.

1. MILE MARKER 39.5-BILLBOARD(FLASHING)-"4 MILES AHEAD-TRAFFIC STOPPED".
2. MILE MARKER 37.0 "WORK ZONE-STATE LAW-TURN ON HEADLIGHTS".
3. MILE MARKER 37.0-"ROAD WORK-3 MILES".
4. MILE MARKER 36.0-"ROAD WORK-2 MILES".
5. MILE MARKER 36.0-"WORK ZONE PROHIBITED 102" TWIN TRAILERS OVER 28 1/2 FEET ON OLD ROUTE 22".
6. MILE MARKER 36.0-"VEHICLES OVER 10' WIDE PROHIBITED BEYOND NEXT EXIT"
7. EXIT 35(LENHARTSVILLE EXIT)-"BILLBOARD(FLASHING)-"CAUTION SLOW TRAFFI

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Commercial Vehicle Information

Unit No: 01 Number of Axles: 05 (Code Number of Axles or '99' for unknown)

Carrier Name: D N H E N T E R P R I S E S

Address: [Redacted]

City: M I D D L E T O W N State: P A Zip: [Redacted]

USDOT#: 6 1 2 8 4 3 ICC #: 2 9 4 2 9 8 GVWR: 0 8 0 0 0 0

OverSize Load: Yes No Unknown

PUC #: [Redacted]

Cargo Body Type

Not Applicable Flat Bed Auto Transport
 Van/Enclosed Box Dump Garbage/Refuse
 Cargo Tank Concrete Mixer Bus
 Other/Unknown

Hazardous Material

Yes No

Enter 1-digit hazardous material class

Vehicle Configuration

Not Applicable
 Passenger Car - Only Record if HazMat placard Displayed
 Light Truck (Van, Mini-Van, Panel, Pickup or SUV with HazMat Placard)
 Single Unit Truck (2 Axles, 6 Tires)
 Single Unit Truck (3 or More Axles)
 Single Unit Truck (Unknown Number of Axles)
 Truck/Trailer(s)
 Truck Tractor (Bobtail)
 Tractor/Semi-Trailer(s)
 Medium/Heavy Truck - Cannot Classify
 Small Bus (Seats 9-15 People, including Driver)
 Bus (Seats More Than 15 People, including the Driver)
 Other
 Unknown

Release Indicator: 1 = No Release 2 = Release Occurred 9 = Unknown

Commercial Vehicle Information

Unit No: 03 Number of Axles: 05 (Code Number of Axles or '99' for unknown)

Carrier Name: B A T T L E F I E L D T R A N S P O R T I N C

Address: [Redacted]

City: K E Y M A R State: M D Zip: [Redacted]

USDOT#: 9 0 6 4 2 5 ICC #: [Redacted] GVWR: 0 8 0 0 0 0

OverSize Load: Yes No Unknown

PUC #: [Redacted]

Cargo Body Type

Not Applicable Flat Bed Auto Transport
 Van/Enclosed Box Dump Garbage/Refuse
 Cargo Tank Concrete Mixer Bus
 Other/Unknown

Hazardous Material

Yes No

Enter 1-digit hazardous material class

Vehicle Configuration

Not Applicable
 Passenger Car - Only Record if HazMat placard Displayed
 Light Truck (Van, Mini-Van, Panel, Pickup or SUV with HazMat Placard)
 Single Unit Truck (2 Axles, 6 Tires)
 Single Unit Truck (3 or More Axles)
 Single Unit Truck (Unknown Number of Axles)
 Truck/Trailer(s)
 Truck Tractor (Bobtail)
 Tractor/Semi-Trailer(s)
 Medium/Heavy Truck - Cannot Classify
 Small Bus (Seats 9-15 People, including Driver)
 Bus (Seats More Than 15 People, including the Driver)
 Other
 Unknown

Release Indicator: 1 = No Release 2 = Release Occurred 9 = Unknown

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PA 1277344

Narrative and additional witnesses:

ON 11/03/06 I ASSISTED TPR. BRIAN MILLER BY CONDUCTING SEVERAL INTERVIEWS WITH WITNESSES.

ON THIS DATE AT 1245 HOURS I INTERVIEWED [REDACTED] BETHLEHEM, PA.

PN [REDACTED] SHE STATED, "I WAS BEHIND THE TRUCK AND I SAW TRAFFIC WAS SLOWING BUT THE TRUCK NEVER SLOWED. I SAW IT START TO SKID AT THE LAST MINUTE AND THEN I SAW IT CATCH FIRE."

I INTERVIEWED [REDACTED]

PLYMOUTH, MA.

PN # [REDACTED]

AT THE

SCENE ON 11/03/06 AT 1315 HRS. HE STATED, "I WAS COMING DOWN THE HILL BEFORE THE EXIT AND I SAW THE TRUCK LOCK UP THE BRAKES AND THEN BURST INTO FLAMES."

I INTERVIEWED [REDACTED]

ROSSSETT, AR.

PN # [REDACTED]

AT THE SCENE

ON 11/03/06 AT 1318 HRS. HE STATED, "I WAS IN THE RIGHT LANE BEHIND THE TRUCK. I SAW TRAFFIC SLOWING BUT THE TRUCK NEVER STOPPED AND I DID NOT SEE THE BRAKE LIGHTS COME ON."

I THEN WENT TO THE INTERSECTION OF OLD ROUTE 22 AND SR 143 FOR TRAFFIC CONTROL.

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Case Closed Yes No
Reportable Crash Yes No

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11-03-2006
6046
11-14-2006

Police Agency Data

Incident Number: 204-0947391
Police Agency: 68604
Patrol Zone: 010
Agency Name: PA. STATE POLICE
Precinct: HAMBURG
Investigation Date (MM-DD-YYYY): 11-03-2006
Dispatch Time (mi): 1204
Arrival Time (mi): 1214
Investigator: TPR KEVIN L. HOLLAND #6046
Badge Number: 6046
Reviewer: SPL. KENNETH WINTER
Badge Number: 6419
Approval Date (MM-DD-YYYY): 11-14-2006

Crash Data

County: [] County Name: [] Municipality: [] Municipality Name: []
Crash Date (MM-DD-YYYY): []- []- [] Crash Time (mi): [] No of Units: [] People Injured: [] Killed*: []
Workzone (if Yes, Complete Form M, Section 29) Yes No School Bus Related Yes No School Zone Related Yes No Notify PENNDOT Maintenance Yes No

Loc Type

Interaction Type: 4 Way Intersection *Y* Intersection Multi-Leg Intersection Off Ramp Railroad Crossing
 Midblock *T* Intersection Traffic Circle/Round About On Ramp Crossover Other
*Special Location: []
* See Overlay

Principal Road

Route Number: [] Segment (Optional): [] Travel Lanes: [] Speed Limit: []
Street Name: [] Street Ending: [] Orientation: North South East West Unknown
House Number (if applicable): []
For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option.

Route Signing: Interstate (Not Turnpike) Turnpike (East/West) Turnpike Spur State Highway County Road Local Road or Street Private Road Other/Unknown

Intersecting Road

Route Number: [] Segment (Optional): [] Travel Lanes: [] Speed Limit: []
Street Name: [] Street Ending: [] Orientation: North South East West Unknown

Route Signing: Interstate (Not Turnpike) Turnpike (East/West) Turnpike Spur State Highway County Road Local Road or Street Private Road Other/Unknown

Distance From Landmark

Use For Mid-Block Crashes
Please Enter Information for BOTH Landmarks if Using This Option

Landmark 1: Intersecting Rt Num Or Mile Post: [] Or Segment Marker: []
Or Intersecting Street Name: [] St Ending: []
Ramp Use Only: North South East West
Feet: []
Or Miles: []

Landmark 2: Intersecting Rt Num Or Mile Post: [] Or Segment Marker: []
Or Intersecting Street Name: [] St Ending: []
Ramp Use Only: North South East West
Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2): []

GPS

Latitude: Degrees [] Minutes [] Seconds [] Longitude: Degrees [] Minutes [] Seconds []

TCD

Traffic Control Device: Not Applicable Traffic Signal Yield Sign Police Officer or Flagman
 Flashing Traffic Signal Stop Sign Active RR Crossing Controls Other Type TCD
 Passive RR Crossing Controls Unknown
TCD Functioning: No Controls Device Functioning Improperly Emergency Preemptive Signal
 Device Not Functioning Device Functioning Properly Unknown

Lane Closure

Lane Closed (if "Not Applicable", skip rest of the Lane Closure section): Not Applicable Partially Fully Unknown
Lane Closure Direction: North East North and South All (N,S,E,W)
 South West East and West

Traffic Detoured: Yes No Unknown
Esti. Time Closed: < 30 Min. 30-60 Min. 1-3 hrs 3-6 hrs 6-9 hrs > 9 hours Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 N

Police Use Only
204-0947391

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P 1 2 7 7 3 4 1

Narrative and additional witnesses:

ON 11/03/06 AT APPROX 1415 HRS, THIS OFFICER ARRIVED AT THE LEHIGH VALLEY HOSPITAL EMERGENCY ROOM IN AN ATTEMPT TO INTERVIEW OPER 1. UPON LOCATING OPER 1, THIS OFFICER INFORMED HIM (OPER 1) THAT AN INTERVIEW WAS BEING REQUESTED RELATIVE TO THE CRASH. OPER 1 ACKNOWLEDGED AND RELATED THAT HE WOULD GIVE DETAILS RELATING TO THE CRASH. AFTER OPER 1 ACKNOWLEDGED THAT HE WOULD GRANT AN INTERVIEW, THIS OFFICER INFORMED OPER 1 OF HIS MIRANDA RIGHTS AT APPROX 1424 HRS ON 11/03/06, TO WHICH HE ACKNOWLEDGED.

OPER 1 RELATED THAT HE WAS TRAVELLING WEST BOUND ON SR0078 IN THE LEFT LANE, WHEN ALL OF A SUDDEN HE (OPER 1) HEARD A LOUD BANG (NOISE). OPER 1 BELIEVES THAT IT (BANG/NOISE) WAS HIS DRIVE TIRE, BECAUSE HE COULDN'T CONTROL (HOLD) THE STEERING WHEEL. OPER 1 TRIED STOPPING HIS VEHICLE BUT WAS UNABLE TO DO SO (YOU KNOW THAT YOU JUST CAN'T STOP THESE TRAXION TRAILERS ON A DIME). AFTER OPER 1'S UNSUCCESSFUL ATTEMP AT STOPPING, HE HIT THE CAR IN FRONT OF HIM. AFTER IMPACT, UNIT 1 OR THE CAR (UNIT 2) CAUGHT FIRE. AFTER NOTICING FIRE, OPER 1 WAS ABLE TO EXIT THROUGH THE DRIVERS' SIDE DOOR. AFTER EXITING UNIT 1, OPER 1 DOES NOT RECALL ANYTHING ELSE THAT OCCURRED (HE ONLY REMEMBERS THE PARAMEDICS ATTENDING TO HIM WHILE HE WAS LYING IN THE GRASS). OPER 1 RELATED THAT EVERYTHING JUST HAPPENED SO FAST.

- OPER 1 RELATED THAT HE WAS TRAVELLING TO THE REAR OF UNIT 2 AT APPROX. 30 FT. (1 - 1/2 CAR LENGTHS)

- OPER 1 RELATED THAT HE ARRIVED IN DELMAR, NY ON 11/02/06 AT APPROX 2230 HRS AND DEPARTED ON 11/03/06 AT 0700 HRS. OPER 1 ARRIVED IN NAZARETH, PA ON 11/03/06 AT 1030 HRS AND DEPARTED ON 11/03/06 AT 1100 HRS. OPER 1 WAS HEADED TO HARRISBURG, PA.

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Auxiliary Witness and Narrative

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

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2 0

New

Change/
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Crash Number

P 1 2 7 7 3 4 4

Police Agency Data	Incident Number L 0 4 - 0 9 4 7 3 9 1						Police Agency 6 8 L 0 4			Patrol Zone 0 1 0		
	Agency Name PENNSYLVANIA STATE POLICE						Precinct HAMBURG			Identification Data (MM-DD-YYYY) 1 1 - 0 3 - 2 0 0 6		
	Dispatch Time (mil) 1 2 0 4		Arrival Time (mil) 1 2 1 4		Investigator TROOPER BRIAN J. MILLER			Badge Number 0 6 3 6 4			Reviewer	
Crash Data	County		County Name		Municipality		Municipality Name		Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk			
	Crash Date (MM-DD-YYYY)			Crash Time (mil)		No of Units	People	Injured	Killed*	NFIS DO, Complete Form F		
	Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input type="checkbox"/> No			School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No		School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No		Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Location		
Loc Type	Intersection Type <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> *Y* Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Midblock <input type="checkbox"/> *T* Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other						* See Overlay			* Special Location		
	Route Number		Segment (Optional)		Travel Lanes		Speed Limit		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		House Number (if applicable)	
Principal Road	Street Name						Street Ending		For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option.			
	Route Signing <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown		Route Number		Segment (Optional)		Travel Lanes		Speed Limit		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
Intersecting Road	Street Name						Street Ending		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown			
	Route Signing <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown		Route Number		Segment (Optional)		Travel Lanes		Speed Limit		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
Distances From Landmark	Please Enter Information for BOTH Landmarks if Using This Option		Landmark 1		Intersecting Rt Num Or Mile Post		Or Segment Marker		St Ending		Feet Or Miles	
	Landmark 2		Intersecting Rt Num Or Mile Post		Or Segment Marker		St Ending		Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)		Feet Or Miles	
GPS	Latitude: Degrees Minutes Seconds		Longitude: Degrees Minutes Seconds		Degrees		Minutes		Seconds			
	Traffic Control Device <input type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Flashing Traffic Signal		<input type="checkbox"/> Yield Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Stop Sign <input type="checkbox"/> Passive RR Crossing Controls		<input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown		ICD Functioning <input type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning		Device Functioning Properly <input type="checkbox"/> Device Functioning Improperly		Emergency Preemptive Signal <input type="checkbox"/> Unknown	
Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown						Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North and South <input type="checkbox"/> East and West		All (N,S,E,W)			
	Traffic Detoured Yes <input type="checkbox"/> No <input type="checkbox"/>		Est. Time Closed <input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> > 6 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown									

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



New

Crash Number

AA 500 N

Police Use Only
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Narrative and additional witnesses: 11/10/06

UNIT#2 NEW JERSEY REGISTRATION PLATE: [REDACTED] WAS RECOVERED AT SCENE BY THIS OFFICER. ON 11/08/06 NEW JERSEY STATE POLICE WAS CONTACTED AT 609-882-2000. SGT. FURNISHED THIS OFFICER WITH AN ADDRESS FOR N.J. DMV, WHERE THE PLATE WAS EVENTUALLY MAILED TO: NEW JERSEY MOTOR VEHICLE COMMISSION, PO BOX 403, TRENTON, NEW JERSEY, 08666, ATTN: CUSTOMER ADVOCACY, 609-292-6500.

NOTE: ON 11/03/06, TPR. DEREK BECK AFOREMENTIONED IN THIS REPORT, WAS ASSIGNED TO A ROVING DETAIL WITHIN THE CONSTRUCTION ZONE. HIS SHIFT WAS 0700-1200 HOURS. HIS ASSIGNMENT WAS TO MONITOR TRAFFIC WITHIN THE CONSTRUCTION ZONE BOTH EAST AND WESTBOUND LANES. THIS OFFICER WAS ALSO ASSIGNED TO WORK WITHIN THE CONSTRUCTION ZONE WORKING A 1200-2000 SHIFT AND WAS ASSIGNED TO MONITOR THE WESTBOUND LANES OF TRAFFIC. TPR. KEVIN HOLLAND WAS WORKING 1200-2000 WITHIN SAID ZONE MONITORING THE EASTBOUND LANES OF TRAVEL. ONE OF THE PRIMARY ASSIGMENTS WHEN WORKING IN THE ZONE IS TO REMAIN AT THE QUEUE.

REPORT WILL REMAIN OPEN.

Auxiliary Witness and Narrative

PENNSYLVANIA STATE POLICE
VICTIM/WITNESS STATEMENT FORM

1. VICTIM NAME: [REDACTED]	2. INCIDENT NO.: 609-0947391
3. ADDRESS: [REDACTED]	[REDACTED]
4. CITY: Rdg, Pa	5. DATE/TIME: 11/3/06 12:00 PM
7. OFFICER'S NAME/SIGNATURE/BADGE NO.: PM SGT. T. MELVIN / [Signature] / 10364	8. PAGE NO./INITIALS: 01/TS

9. STATEMENT:

~~I WAS IN THE RIGHT LANE. THE TRACTOR TRAILER WAS AT DEADSTOP AND CAR IN BACK OF ME AND THE OTHER~~

I WAS IN THE RIGHT LANE. THE TRAFFIC IN THE LEFT LANE WAS AT A DEADSTOP. THE TRACTOR TRAILER WENT BY ME LIKE I WAS STANDING STILL. THE TRACTOR TRAILER HIT THE CAR AND PUSH THE CAR INTO THE OTHER TRACTOR TRAILER. THEN ^{THE} CAR WAS ON FIRE AND THE LADY HEAD WAS STICKING OUT OF THE SIDE OF THE WINDOW. THE GUY SAID GET HER OUT. I SAID THE LADY WAS DEAD. Q: HOW FAST DO YOU THINK THE WHITE TRUCK WAS TRAVELING? A: I THINK HE WAS GOING ABOUT 75 MILES PER HOUR. QUESTION: WHAT GUY SAID GET HER OUT? A: THE GUY THAT WAS DRIVING THE TRACTOR TRAILER THAT CAUSED THE ACCIDENT.

NOTICE
Under Section 4904 of the Pa. Crimes Code, Unsworn Falsification to Authorities, a person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true.

10. VICTIM/WITNESS SIGNATURE: [REDACTED]

PENNSYLVANIA STATE POLICE
VICTIM/WITNESS STATEMENT FORM

1. VICTIM NAME: [REDACTED]		2. INCIDENT NO.: L04-0947391	
3. ADDRESS: [REDACTED] Quakake PA [REDACTED]		TELEPHONE: [REDACTED]	
4. PLACE: I 78 West		5. DATE/DAY: 11-3-06	6. TIME: 12:01 PM
7. OFFICER'S NAME/SIGNATURE/BADGE NO.: T.M. SAWYER / [Signature] / 1634		8. PAGE NO./INITIALS: 01 / [Signature]	

9. STATEMENT:
 I [REDACTED] was headed west on 78 in the right lane about 3 miles from where I saw both right & left lanes were stopped dead. So I put my 4 way flashers on and stayed in the right lane and slowed down to about 45 or 50 m.p.h. to come to a dead stop myself. When I looked in my drivers mirror I saw a white Freightliner truck coming "very fast" app. 65+ ~~to~~ ~~there~~ There was a truck about 1000 yards or more in front of me. He was almost near a stop at that time the white Freightliner passed me out on the left side ^{the truck} IT was still moving at least 65+ that is when I was thinking to myself ^{watching} and ~~whereby~~ For the truck's ~~brake~~ Brake lights to come on but they never came on. so I was ^{the truck} ~~hope~~ Had room to get over in the right lane but ^{the truck} ~~never~~ Never tried to, by that time ^{the truck} Hit the stopped car and then I saw Brake lights come on and that is when the truck & car ~~exploded~~ exploded and after the truck ^{finally} ~~finally~~ got stopped I saw a man jump out of the truck. that is when I stopped my truck. In the right lane and there was a truck in front of me ~~next~~ next to the impact

"NOTICE"
 Under Section 4904 of the Pa. Crimes Code, Unsworn Falsification to Authorities, a person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true.

10. VICTIM/WITNESS SIGNATURE:
 [REDACTED]

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

FAT



Crash Number

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

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New

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Police Agency Data

Incident Number: L 0 4 - 0 9 4 7 3 9 1

Police Agency: 6 8 L 0 4

Patrol Zone: 0 1 0

Agency Name: PENNSYLVANIA STATE POLICE

Precinct: HAMBURG

Investigation Date (MM-DD-YYYY): 1 1 - 0 3 - 2 0 0 6

Dispatch Time (mi): 1 2 0 4

Arrival Time (mi): 1 2 1 4

Investigator: TROOPER BRIAN J. MILLER

Badge Number: 0 6 3 6 4

Reviewer: CPL. KENNETH WINTER

Badge Number: 6 9 1 9

Approval Date (MM-DD-YYYY): 1 1 - 2 2 - 2 0 0 6

Crash Data

County: [] County Name: [] Municipality: [] Municipality Name: []

Crash Date (MM-DD-YYYY): [] - [] - []

Crash Time (mi): []

No of Units: [] People: [] Injured: [] Killed*: []

Workzone (if Yes, Complete Form M, Section 29) Yes No

School Bus Related Yes No

School Zone Related Yes No

Fluoride PENNDOT Maintenance Yes No

Day of Week: Sun Mon Tue Wed Thu Fri Sat Unk

Loc Type

Intersection Type: 4 Way Intersection "Y" Intersection Multi-Leg Intersection Off Ramp Railroad Crossing Midblock "T" Intersection Traffic Circle/Round About On Ramp Crossover Other

*Special Location: []

*See Overlay

Principal Road

Route Number: [] Segment (Optional): [] Travel Lanes: [] Speed Limit: []

Street Name: [] Street Ending: []

Orientation: North South East West Unknown

House Number (if applicable): []

Route Signing: Interstate (Not Turnpike) Turnpike (East/West) Turnpike Spur State Highway County Road Local Road or Street Private Road Other/Unknown

Intersecting Road

Route Number: [] Segment (Optional): [] Travel Lanes: [] Speed Limit: []

Street Name: [] Street Ending: []

Orientation: North South East West Unknown

Route Signing: Interstate (Not Turnpike) Turnpike (East/West) Turnpike Spur State Highway County Road Local Road or Street Private Road Other/Unknown

Distance From Landmark

Use For Mid-Block Crashes

Please Enter Information for BOTH Landmarks if Using This Option

Landmark 1: Intersecting Rt Num Or Mile Post: [] Or Segment Marker: []

Or Intersecting Street Name: [] St Ending: []

Landmark 2: Intersecting Rt Num Or Mile Post: [] Or Segment Marker: []

Or Intersecting Street Name: [] St Ending: []

Feet: []

Or Miles: []

Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2): []

GPS

Latitude: Degrees [] Minutes [] Seconds [] Longitude: Degrees [] Minutes [] Seconds []

TCD

Traffic Control Device: Not Applicable Traffic Signal Flashing Traffic Signal Yield Sign Active RR Crossing Controls Stop Sign Passive RR Crossing Controls Police Officer or Flagman Other Type TCD Unknown

TCD Functioning: No Controls Device Not Functioning

Device Functioning: Improperly Properly

Emergency Preemptive Signal: Unknown

Lane Closure

Lane Closed (if "Not Applicable", skip rest of the Lane Closure section): Not Applicable Partially Fully Unknown

Lane Closure Direction: North South East West North and South East and West All (N,S,E,W)

Traffic Detoured: Yes No Unknown

Est. Time Closed: < 30 Min. 30-60 Min. 1-3 hrs 3-6 hrs 6-9 hrs > 9 hours Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

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Narrative and additional witnesses: 11/20/06

NOTE: PAGES 2,3, AND 4, BLOCK#12, MOVEMENT CODE SHOULD READ #17 NOT 01. UNITS WERE ACTUALLY TRAVELING INTO A SLIGHT LEFT CURVE IN THE ROADWAY.

SAMUEL D. HODGE JR., ATTORNEY WITH HUNTINGTON & FRANKLIN,P.C.-PHILADELPHIA, 215-523-7910, REPRESENTING OWNER OF UNIT#1- RYDER TRUCKING, WAS CONTACTED ON 11/14/06. HE WAS ADVISED OF THE STATUS OF THIS CRASH. REFER TO ATTACHED LETTER.

REFER TO ATTACHED COPIES OF THE BERKS COUNTY CORONER'S REPORTS. A COPY OF A DISC WITH PHOTOS FROM THE CRASH SCENE WERE ALSO FURNISHED TO THIS OFFICER.

REFER TO ATTACHED LIST OF ALL THE SIGNS THAT ARE POSTED THROUGHOUT THE ENTIRE CONSTRUCTION ZONE ON INTERSTATE 0078 FROM MILE MARKER 37.1 to MILE MARKER 30.2, WEST-BOUND.

ON 11/14/06 I CONTACTED OPERATOR#3 WHICH INDICATED UPON IMPACT, HIS KNEES WERE KNOCKED INTO HIS CHEST FOR APPROX. ONE SECOND. FOLLOWING SAME, HE IMMEDIATELY SLAMMED ON HIS BRAKES. THIS INFORMATION WAS REQUESTED BY CPL. HERB.

ON 11/14/06 LEHIGH VALLEY HOSPITAL WAS CONTACTED WHICH ADVISED OPERATOR#1 WAS RELEASED FROM THE HOSPITAL ON 11/12/06.

ON 11/14/06 DJS ASSOCIATES, LAW FIRM REPRESENTING THE CONSTRUCTION ZONE COMPANY WAS CONTACTED, 215-659-2010. SAID COMPANY INQUIRED ABOUT THE SIGNS AND THE WORKING RELATIONSHIP WITH JOHN "K".

ON 11/20/06 BAUM HEDLUND PC, LAW FIRM REPRESENTING THE PARENTS OF THE OCCUPANTS IN UNIT#2 WAS CONTACTED AT 202-466-0513. THEY INQUIRED ABOUT POSSIBLE CHARGES.

REFER TO ATTACHED SUPPLEMENTAL'S COMPLETED BY TPR. NICHOLAS SCIANNA-PSP READING RECORDS AND IDENTIFICATION UNIT AND TPR. JOSEPH DELASH-COMMERCIAL VEHICLE ENFORCEMENT-TROOP L HAMBURG. REFER TO OPERATOR#1 DRIVER'S HISTORY VIA JNET.

REPORT WILL REMAIN OPEN.

Auxiliary Witness and Narrative

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

FAT

New



Crash Number

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

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Police Agency Data	Incident Number L 0 4 - 0 9 4 7 3 9 1				Police Agency 6 8 L 0 4				Patrol Zone 0 1 0							
	Agency Name PA State Police				Precinct Hamburg/				Investigation Date (MM-DD-YYYY) 1 1 - 0 6 - 2 0 0 6							
	Dispatch Time (mil) 1 2 0 9		Arrival Time (mil) 1 3 3 0		Investigator Trooper Nicholas L. SCIANNA				Badge Number #8121							
Crash Data	County 0 6		County Name Berks County		Municipality 2 1 5		Municipality Name Greenwich Township				Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk					
	Crash Date (MM-DD-YYYY) 1 1 - 0 3 - 2 0 0 6				Crash Time (mil)		No of Units		People		Injured		Killed*			
	Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input type="checkbox"/> No				School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No		School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No		Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No							
Loc Type	Intersection Type <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> *Y* Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Midblock <input type="checkbox"/> *T* Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other										*Special Location					
											* See Overlay					
Principal Road	Route Number		Segment (Optional)		Travel Lanes		Speed Limit		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		House Number (if applicable)					
	Street Name										Street Ending					
Intersecting Road	Route Number		Segment (Optional)		Travel Lanes		Speed Limit		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		T					
	Street Name												Street Ending			
Distance From Landmark	Use For Mid-Block Crashes Please Enter Information for BOTH Landmarks if Using This Option										Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West					
	Landmark 1		Intersecting Rt Num Or Mile Post		Or Segment Marker		St Ending		Feet		Or Miles					
GPS	Degrees		Minutes		Seconds		Degrees		Minutes		Seconds					
	Latitude: [] [] : [] [] . [] []						Longitude: - [] [] : [] [] . [] []									
TCD	Traffic Control Device <input type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign				<input type="checkbox"/> Yield Sign <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Unknown				TCD Functioning <input type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Not Functioning Properly				<input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown			
	Lane Closed (if "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown						Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North and South <input type="checkbox"/> All (N,S,E,W) <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> East and West									
Lane Closure	Traffic Detoured Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Esti. Time Closed <input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown													

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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LU4-0947391

Narrative and additional witnesses:

This supplemental crash report is in continuation with Trooper Brian MILLERS, SP HAMBURG crash investigation.

1. DATE/TIME REQUESTED: 11/06/2006- Monday: 0900 hours
2. INVESTIGATING OFFICER: Trooper Brian MILLER/Trooper Nicholas L. SCIANNA FSU
3. LOCATION: Interstate I 78 WEST- Mile Marker 35, Greenwich Township, Berks County, PA
4. DATE/TIME ARRIVED: 11/06/2006- Monday: 1330 hours

ACTION TAKEN: Corporal Kenneth WINTER requested that a member of the Pennsylvania State Police- Troop L READING Forensic Services Unit photograph the roadway and physical evidence at the crash scene. I arrived at the above location to photograph the scene. The overall scene/roadway and physical evidence on the roadway such as gouges, scrapes and skid marks were photographed using (2) rolls x 24 exposure Kodak 400 speed color film and a 35mm Nikon N90 camera equipped with a Speedlight. The outfit was programmed for automatic operation.

Photographs will be forwarded to the Investigator, when received and exposed negatives will be retained on file at the Pennsylvania State Police- Troop L READING Forensic Services Unit.

Auxiliary Witness and Narrative

Trooper Nicholas L. SCIANNA #8121
SP READING FSU

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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Crash Number

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

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Continuation

1 2 7 7 3 4 4

1	Police Agency Data Incident Number: L 0 4 - 0 9 4 7 3 9 1 Agency Name: PA State Police Dispatch Time (mil): 1 2 0 4 Arrival Time (mil): 1 4 5 0 Investigator: Det. Joseph J. DeLASH Reviewer: CPL. KENNETH WINTER Police Agency: 6 8 6 0 4 Precinct: HAMBURG / 4340 Investigation Date (MM-DD-YYYY): 1 1 - 0 3 - 2 0 0 6 Badge Number: 6 7 7 3 Approval Date (MM-DD-YYYY): 1 1 - 2 2 - 2 0 0 6					
	Crash Data County: [] County Name: [] Municipality: [] Municipality Name: [] Crash Date (MM-DD-YYYY): [] - [] - [] Crash Time (mil): [] [] [] [] No of Units: [] People: [] Injured: [] Killed*: [] * (If > 00, Complete Form F) Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input type="checkbox"/> No School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No					
2	Loc Type Intersection Type: <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> *Y* Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Midblock <input type="checkbox"/> *T* Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other * See Overlay					
	Principal Road Route Number: [] Segment (Optional): [] Travel Lanes: [] Speed Limit: [] Street Name: [] Street Ending: [] Route Signing: <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown Orientation: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown					
3	Intersecting Road Route Number: [] Segment (Optional): [] Travel Lanes: [] Speed Limit: [] Street Name: [] Street Ending: [] Route Signing: <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown Orientation: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown					
	Distance From Landmark Landmark 1: Intersecting Rt Num Or Mile Post: [] Or Segment Marker: [] Or Intersecting Street Name: [] St Ending: [] Landmark 2: Intersecting Rt Num Or Mile Post: [] Or Segment Marker: [] Or Intersecting Street Name: [] St Ending: [] Ramp Use Only: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West Feet: [] Or Miles: [] Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)					
4	GPS Latitude: Degrees [] Minutas [] Seconds [] Longitude: Degrees [] Minutas [] Seconds []					
	TCD Traffic Control Device: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Yield Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Unknown TCD Functioning: <input type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly <input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown					
5	Lane Closure Lane Closed (if "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown Lane Closure Direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North and South <input type="checkbox"/> East and West <input type="checkbox"/> All (N,S,E,W)					
	Traffic Detoured: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Esti. Time Closed: <input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown					

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 N

Case No. 104-0947391

Page 2 7

New

Change/
Confirmation

P 1 2 7 7 3 4 4

Narrative and additional witnesses:

On 11/03/06 I was contacted by Sgt. Edward C. HOKE in reference to a 3 vehicle crash involving 2 Commercial Vehicles and multiple fatalities. He requested that I respond to scene, along with MCEO RICHTER, to conduct MCSAP Inspections of the Commercial Vehicles.

Shortly after my arrival at the scene I conducted a Level 1 MCSAP Inspection of Unit # 3, which was identified as a 2005 Kenworth Truck Tractor, silver in color, and a 2005 East Dump Trailer, Aluminum in color.

For details refer to compliance report # PAS072001455.

Upon completion of the inspection the CANS Unit, Cpl. Robert HERS and Tpr. John MINALDA requested a weight of the Unit as well. I assisted MCEO RICHTER in weighing of the vehicle with the portable scales.

I then began to conduct a Level 1 MCSAP Inspection of Unit #1, which was identified as a 2006 Freightliner Truck Tractor and a 1998 Utility - Dry Van Trailer.

Due to the extent of damage, after examining the vehicle, I contacted Bill SULLENS of DMH Enterprises by telephone on 11/06/06. (717) 418-2284. I requested copies of the vehicle documents to include the Registration Card(s), Insurance Card, IFTA License and Periodic Inspections. He related that he would fax them to me as soon as he was able to get them, adding that he would have to contact RYDER for some of the forms. He also advised upon questioning, that it was under a long term lease from RYDER and that it was a Conventional Type Truck Tractor with a sleeper.

Although I received the fax on 11/07/06, it did not include the requested inspection forms. It did however, include some type of record that a State Inspection and a Federal Inspection was conducted on 10/18/06. (refer to copies of attached facsimiles).

For details refer to Compliance Report # PAS072001468.

Tpr. Joseph J. DeLASH 6773
CVET L-1, Troop L, Hamburg

Auxiliary Witness and Narrative

11/3/2006
12:17 PM

Miller, Brian
PSP-Hamburg

32
06-02164
152012

Female

Carteret, NJ

Caucasian/White

North Brunswick Township

70"

Married

260

Father

North Brunswick, NJ

Blunt Force Trauma To The Head, Neck & Body
Vehicle Accident

Homicide

11/03/2006

Prn: 1:10 PM

11/3/2006

1:10 PM

Yes

Yes

11/3/2006

No

No

12:02 PM

Berks

Greenwich Township

Roadway

Interstate Route I-78 , 1/4 west of Exit 35 (Rt. 143) @ marker 35.2

Yes

Bindlem, Richard MD

11/5/2006

Blunt Force Trauma To Head, Neck, And Chest

Roadway

I-78 On Roadway @ Marker 35.2

Greenwich Township

Seated

Not Tested

Severely Burned

Not Tested

None

None

Not Tested

No

RELIGION

BLOOD DRAWN

No

Fully Clothed

URINE OBTAINED

No

VITREOUS DRAWN

No

HAIR OBTAINED

No

DECEASED NAME: [REDACTED]

Near intersection of Rt. 143 and I-78 in Greenwich Township, 1/4 miles W of Rt.143 (Exit35) on route I-78

Friday - 11/03/06 - 12:02 PM

Daylight

Clear

Divided Highway - Concrete - Dry

65 MPH

Failed to Negotiate Curve
 Struck Another Vehicle
 Struck Other Object
 Crossed Center Line
 Struck Tree/Pole
 Violated Traffic Control Devices
 Overturned
 Struck Barrier
 Traversed Shoulder
 Struck Animal

WestBound

Failed to Negotiate Curve
 Struck Another Vehicle
 Struck Other Object
 Crossed Center Line
 Struck Tree/Pole
 Violated Traffic Control Devices
 Overturned
 Struck Barrier
 Traversed Shoulder
 Struck Animal

WestBound

Failed to Negotiate Curve
 Struck Another Vehicle
 Struck Other Object
 Crossed Center Line
 Struck Tree/Pole
 Violated Traffic Control Devices
 Overturned
 Struck Barrier
 Traversed Shoulder
 Struck Animal

OTHER OCCUPANT OF THIS VEHICLE

OCCUPANT NAME: [REDACTED] SEX: Female
 ADDRESS: [REDACTED] AGE: [REDACTED]
 CITY/STATE: Carteret, NJ
 POSITION: Passenger - Right Front Seat
 INJURY STATUS: DECEASED
 SAFETY RESTRAINT:

<input type="checkbox"/> Air Bag Available	<input type="checkbox"/> Lap Belt Available	<input type="checkbox"/> Harness Available
<input type="checkbox"/> Air Bag Deployed	<input type="checkbox"/> Lap Belt Utilized	<input type="checkbox"/> Harness Utilized

WestBound

Failed to Negotiate Curve
 Struck Another Vehicle
 Struck Other Object
 Crossed Center Line
 Struck Tree/Pole
 Violated Traffic Control Devices
 Overturned
 Struck Barrier
 Traversed Shoulder
 Struck Animal

ASSISTING AGENCIES

AGENCY	CONTACT	PHONE
POLICE	PA. State Police/Hamburg	
FIRE/RESCUE	Virginville Fire Co.	(610) 562-8389
EMS	Hamburg Ambulance	(610) 562-5562
OTH AGENCY	Salvation Army- Lebanon	

DISPOSITION/FUNERAL HOME DATA

1st REMOVED: Reading Hospital Morgue

REMOVED BY: Ellis Edmonds & Frank Pilat

2nd REMOVED:

REMOVED BY: EA12005 Chrysler 006754

Selover Funeral Home
555 Georges Rd.
North Brunswick, NJ 08902
Tim Wynkoop
(732) 828-2500

11/5/2006 @ 8:00:00 PM
Cremation
Edmonds, Ellis J. #912
Ellis Edmonds, Deputy Investigator
11/5/2006

age [redacted] Carteret, NJ [redacted] died on Friday November 3, 2006 at 1:10 PM as the result of injuries sustained in a motor vehicle accident. The decedent was the right front-seat passenger in a 2006 Jeep Liberty 1/4 miles west of on Route I-78 in Greenwich Township. The coroner's office was notified of the death at 12:17 PM by Miller, Brian of PSP-Hamburg.. An autopsy was held on Sunday, November 05, 2006 at Reading Hospital Lab. Pathologist Bindie, Richard MD determined that the decedent experienced Blunt Force Trauma to the head neck and chest .. The body was released to the Selover Funeral Home at 555 Georges Rd., North Brunswick, N.J. 08902. (Phone 732-828-2500) . The coroner's office was assisted by PA. State Police/Hamburg, Hamburg Ambulance, Virgenville Fire Co., Salvation Army- Lebanon.

Also killed in this accident was [redacted] Age [redacted] - husband of the decedent and their [redacted] year old daughter, [redacted] See Case Numbers 06-02163 and 06-02165 for additional details.

[redacted] dob [redacted] of [redacted] Harrisburg, Pa. [redacted] was the operator of tractor trailer that ran into the rear of the decedents vehicle. His operators number is [redacted] on his Penna. Operators License.

11/05/2006 - Reading Hospital - Autopsy started at 1200 Noon.

The following were present: Dr. Richard Bindie
Cathy Gurski, DMD
Donna Schmehl, Lab assistant
Tpr. David Beohm, PSP -Reading
Dep. Coroner Ellis J. Edmonds

The red security tag # [redacted] was removed from the gray body bag and the bag was opened to start the autopsy. Body measured 70" and was estimated to weigh about 260 lbs. Autopsy and x-Rays showed numerous signs of blunt force trauma to head, neck & chest areas. Examination was unable to confirm a pregnancy at this time. Further blood testing would have to be done to confirm this. (Received information that she may have been pregnant by about three to four weeks. Decedent had been taking fertility pills and had missed her last period.

A wedding band was removed from the decedent and placed in possession of the Berks Co. Coroner Office to be returned to the next of kin at a later date. (See Personal effects report).

Autopsy ended at about 3:45 PM. Official results will be forthcoming.

Monday - 11/06/2006 -9:00 PM -Tim Wynkoop arrived to represent the Selover Funeral Home. All personal effects were turned over to him to return to the next of kin of the decedent. (see signed receipt) Mr. Wynkoop then signed for the death certificates. Mr. Wynkoop then was escorted to the Reading Hospital and Medical Center where the decedents body was removed from the lab and returned to the State of New Jersey for cremation. Cremation certificate issued to the Selover Funeral Home.

Tim Wynkoop

Selover Funeral Home
555 Georges Road
North Brunswick, N.J. 08902
Phone (732) 828-2500

Agent for:
Selover Funeral Home
Phone (908)454-4553
289 S. Main St., Phillipsburg, N. J. 08865
Fax 908-454-4444

		<i>Ellis Edmonds 912</i>	<i>11/8/06</i>
		Ellis Edmonds, Dep. Coroner #912 -	Date

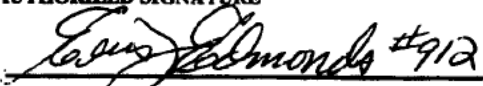
Office of the Coroner
Berks County, Pennsylvania
DENNIS J. HESS, CORONER

633 Court Street
 15th Floor
 Reading, PA 19601

OFFICE: (610) 478-3280
 FAX: (610) 478-3289
 Case No: 06-02164

DISPOSITION AUTHORIZATION

By law, authorization by the Coroner is required when the bodies of deceased persons are to be cremated, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination.

NAME OF DECEASED [REDACTED]				DATE & TIME AUTHORIZED 11/05/2006 @ 8:00 PM	
DATE OF DEATH 11/03/2006	TIME OF DEATH Pron: 1:10 PM	SEX Female	RACE Caucasian/White	DATE OF BIRTH [REDACTED]	AGE [REDACTED]
HOME ADDRESS [REDACTED]			CITY Carteret	STATE NJ	ZIP [REDACTED]
PLACE OF DEATH I-78 On Roadway @ Marker 35.2			ADDRESS OR LOCATION OF PLACE OF DEATH Greenwich Township		
FUNERAL HOME Selover Funeral Home			ADDRESS 555 Georges Road North Brunswick, NJ - 08902		
CAUSE OF DEATH				OTHER CONDITIONS	
A. <u>Blunt Force Trauma To The Head, Neck</u> and chest. due to:					
B. <u>Vehicle Accident</u> due to:					
C. _____ due to:					
D. _____ due to:					
AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			MANNER OF DEATH Homicide		
CERTIFIER Edmonds, Ellis J. #912			PERMISSION TO CREMATE WITH PENDING CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
This authorization is made in accordance with and subject to all State rules and regulations regarding cremation.					
AUTHORIZED SIGNATURE  Ellis Edmonds, Deputy Investigator, 11/5/06			ADDRESS Berks County, Pennsylvania 633 Court Street 15th Floor Reading, PA 19601		

HDS 141 REV. 02/2006
TYPE / PRINT IN
PERMANENT
BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH (CORONER)

STATE FILE NUMBER

EA12-005-Coroner-006758

1. Name of Decedent (First, middle, last, suffix) [REDACTED]				2. Sex Female		3. Social Security Number [REDACTED]		4. Date of Death (Month, day, year) November 3, 2006			
5. Age (Last Birthday) [REDACTED] Yrs.		6. Date of Birth (Month, day, year) [REDACTED]		7. Birthplace (City and state or foreign country) Staten Island, NY		8. Place of Death (Check only one) Hospital: <input type="checkbox"/> Dispensary: <input type="checkbox"/> ER / Dispensary: <input type="checkbox"/> DCA: <input type="checkbox"/> Nursing Home: <input type="checkbox"/> Residence: <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Roadway					
8a. County of Death Berks		8b. City, Town, or Village of Death Greenwich Township		8c. Facility Name (If not institution, give street and number)		9. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		10. Race: American Indian, Black, White, (Specify) White / Caucasian			
11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired) Dental Assistant Kind of Business / Industry: Dental Office		12. Was Decedent ever in the U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Decedent's Education (Specify every highest grade completed) Elementary / Secondary (3-12): 12th College (1-4 or 5+)		14. Marital Status: Married, Never Married, Widowed, Divorced (Specify) Married		15. Surviving Spouse (If wife, give maiden name)			
18. Decedent's Usual Residence (If not institution, give street and number) Carteret, NJ		17a. Decedent's Actual Residence New Jersey		17b. County Middlesex		16. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17c. Yes: Decedent Lived in _____ Twp. 17d. No: Decedent Lived within Actual Limits of _____ City / Boro			
18. Father's Name (First, middle, last, suffix) [REDACTED]				19. Mother's Name (First, middle, maiden surname) [REDACTED]							
20a. Informant's Name (Type / Print) [REDACTED]				20b. Informant's Mailing Address (Street, city / town, state, zip code) [REDACTED] North Brunswick, NJ [REDACTED]							
21a. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Other - Specify: _____		21b. Date of Disposition (Month, day, year) 11-07-2006		21c. Place of Disposition (Name of cemetery, crematory or other place) Lehigh Valley Crematory		21d. Location (City / town, state, zip code) Hellertown, PA					
22a. Signature of Funeral Service Licensee (or person acting as such) [Signature]		22b. License Number [REDACTED]		22c. Name and Address of Facility Selover Funeral Home 555 Georges Rd, North Brunswick, NJ 08902							
23a. Completes (Items 23a-c only when certifying physician is not available at time of death to certify cause of death)		23b. To the best of my knowledge, death occurred at the time, date and place stated (Signature and title) [Signature]		23c. License Number		23d. Date Signed (Month, day, year)					
24. Time of Death Pronounced 1:10 P.M.		25. Date Pronounced Dead (Month, day, year) November 3, 2006		26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Occasion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<p align="center">CAUSE OF DEATH (See instructions and examples)</p> <p>Item 27 PART I: Enter the cause of death - diseases, injuries, or complications - that directly caused the death. DO NOT enter a minor event's job as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. List only one cause on each line.</p> <p>IMMEDIATE CAUSE (Final disease or condition, resulting in death) → Blunt Force Trauma to Head, Neck, and Chest</p> <p>Sequentially list conditions, if any, leading to cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</p> <p>a. Due to (or as a consequence of):</p> <p>b. Motor Vehicle Collision</p> <p>c. Due to (or as a consequence of):</p> <p>d. _____</p> <p>Appropriate interval: Onset to Death: Seconds</p> <p>Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause shown in Part I.</p> <p>28. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>29. If Female: <input type="checkbox"/> Not pregnant within past year. <input type="checkbox"/> Pregnant at time of death. <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death. <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year of death. <input checked="" type="checkbox"/> Unknown if pregnant within the past year.</p>											
30a. Was an Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. Manner of Death <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined		32a. Date of Injury (Month, day, year) November 3, 2006		32b. Describe How Injury Occurred Vehicle stopped in line of traffic, struck in rear and pushed into third vehicle.		32c. Place of Injury: Home, Farm, Street, Factory, Office Building, etc. (Specify) Roadway	
32a. Time of Injury 12:02 P.M.		32b. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32c. If Transportation Injury (Specify): <input type="checkbox"/> Driver / Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian Driver - Specify: _____		32d. Location of Injury (Street, city / town, state) 78.166 mile west of Exit 35 (68R-143) (Lehantsville Exit)		32e. Date Signed (Month, day, year) November 5, 2006			
33a. Certifier (check only one) - Certifying physician (Physician certifying cause of death when another physician has pronounced death and certified item 22) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. - Pronouncing and certifying physician (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. - Medical Examiner / Coroner On the basis of examination and / or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				33b. Signature and Title of Coroner [Signature]		33c. License Number		33d. Date Signed (Month, day, year) November 5, 2006			
35. Registrar's Signature and District Number [Signature]				36. Date Filed (Month, day, year)		34. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print Deputy Coroner Ellis J. Edmonds, Berks County Coroner 633 Court St., 15th Floor, Berks County Courthouse Reading, Penna. 19601					

(See instructions and examples on reverse)

UNCLERED

NAME OF DECEDENT

MATTER # 1178462
FILE TYPE Lawsuit
FILE NAME [REDACTED]
CAIR #
DATE OF INCIDENT 11/03/2006
DATE OF NOTICE 03/13/2007
MODEL/MODEL YEAR 2006 Jeep Liberty (KJ)
VIN 1J4GL48K16W [REDACTED]
MILEAGE
OWNER [REDACTED]
[REDACTED]
Bayville, NJ [REDACTED]
COURT U.S. District Court, Eastern District of Pennsylvania
DOCKET # 07-0767
FIRE ALLEGED Yes
DESCRIPTION On November 3, 2006, a 2006 Jeep Liberty (KJ), operated by [REDACTED] was travelling westbound on I-78 in Berks County, Pennsylvania. The posted speed limit at the site of the accident was 55 mph; however, a construction zone was in existence with a temporary speed limit of 50 mph. According to the police accident report, the Jeep Liberty (KJ) was in the left lane of I-78, along with other traffic, and had stopped or was moving very slowly due to construction lane closures ahead of it. A 2006 Freightliner tractor/trailer failed to observe the traffic stopped or slowing ahead of it and struck the rear of the Jeep Liberty (KJ) at a high rate of speed. Witnesses estimated the speed of the Freightliner tractor/trailer at 65-75 mph just prior to the collision and reported that it failed to brake or braked just before the collision. The impact pushed the front end of the Jeep Liberty (KJ) into the rear of a 2005 Kenworth tractor/trailer. According to the police accident report and statements given to the police, a fire at the rear of the Jeep Liberty (KJ) and the front of the Freightliner tractor/trailer began after the impact.
PROPERTY DAMAGE ALLEGED No
INJURIES 1
FATALITIES 3
ANALYSIS The 2006 Jeep Liberty (KJ) has not been inspected. Based on the available information, including the police accident report and witness statements, Chrysler Group concludes that the impact of the Freightliner tractor/trailer with the rear of the Jeep Liberty (KJ)

occurred at a relative velocity in excess of 55 mph. This is based on witness statements that the Freightliner tractor/trailer was travelling 65-75 mph immediately prior to the accident and there was little or no evidence of braking prior to impact and that the Jeep Liberty (KJ) was either stopped or moving very slowly with other traffic. The driver of the Kenworth tractor/trailer reported that he was travelling 3-5 mph at the time of the impact. According to the police accident report, this extremely severe, high-energy impact caused extreme damage to the rear end of the Jeep Liberty (KJ) with the engine and radiator of the Freightliner tractor/trailer resting against the front seat and dash area of the Jeep Liberty (KJ). The interposition of the Jeep Liberty (KJ) between the Freightliner tractor/trailer and the Kenworth tractor/trailer during the impact and the extremely high mass of the Freightliner tractor/trailer likely increased the crash forces acting on the rear of the Jeep Liberty (KJ). Because Chrysler Group has not inspected the Jeep Liberty (KJ), it is unable to confirm that the fuel tank was ruptured in the accident or that the origin of the fire was at the fuel tank. (Enclosure 3, Bates page numbers 006711-6712).