

23166478

3/4

[REDACTED]
Del Mar, CA
[REDACTED]

MAR 01 2013

February 25, 2013

Sergio Marchionne, CEO
CHRYSLER GROUP LLC
PO Box 21-8004
Auburn Hills, MI 48321-8004

CHRYSLER GROUP SERVICE CONTRACTS
PO Box 2700
Troy, Michigan 48007-2700

RE: REIMBURSEMENT FOR DEFECTIVE 2012 JEEP

On October 19, 2012, we purchased a Certified Pre-Owned Jeep from the Lithia Jeep Dealer in Reno, Nevada. We have been loyal Jeep customers, owning eight model years of Jeep Grand Cherokee from 1991 to February 2013.

On January 26, 2013 while my wife and I were driving the above referenced Jeep on US [REDACTED], approximately 40 miles east of Yuma, Arizona smoke began seeping evenly from the overhead liner along the entire length of the front windshield. We were able to pull off the Highway, lower all the windows, as we were overcome by smoke, lower the visors which revealed spreading flame beneath the passenger side visor. We exited the Jeep, called 911, and very shortly the car was ablaze. The Arizona Department of Public Safety arrived, followed by the Yuma County Sheriff, Wellton Police, US Border Patrol and Wellton Fire Department.

Attached are copies of spontaneous fire results, our Title and Purchase Contract along with the Warranty, and Police Report. Our non-reimbursed losses to date for the Jeep, medical, lost personal property, and duplicate license, registration, and sales tax totals \$36,460.

Please review the attached at your earliest convenience and issue a reimbursement check. We will consider this claim settled in full if we receive a check for the full amount no later than March 25, 2013.

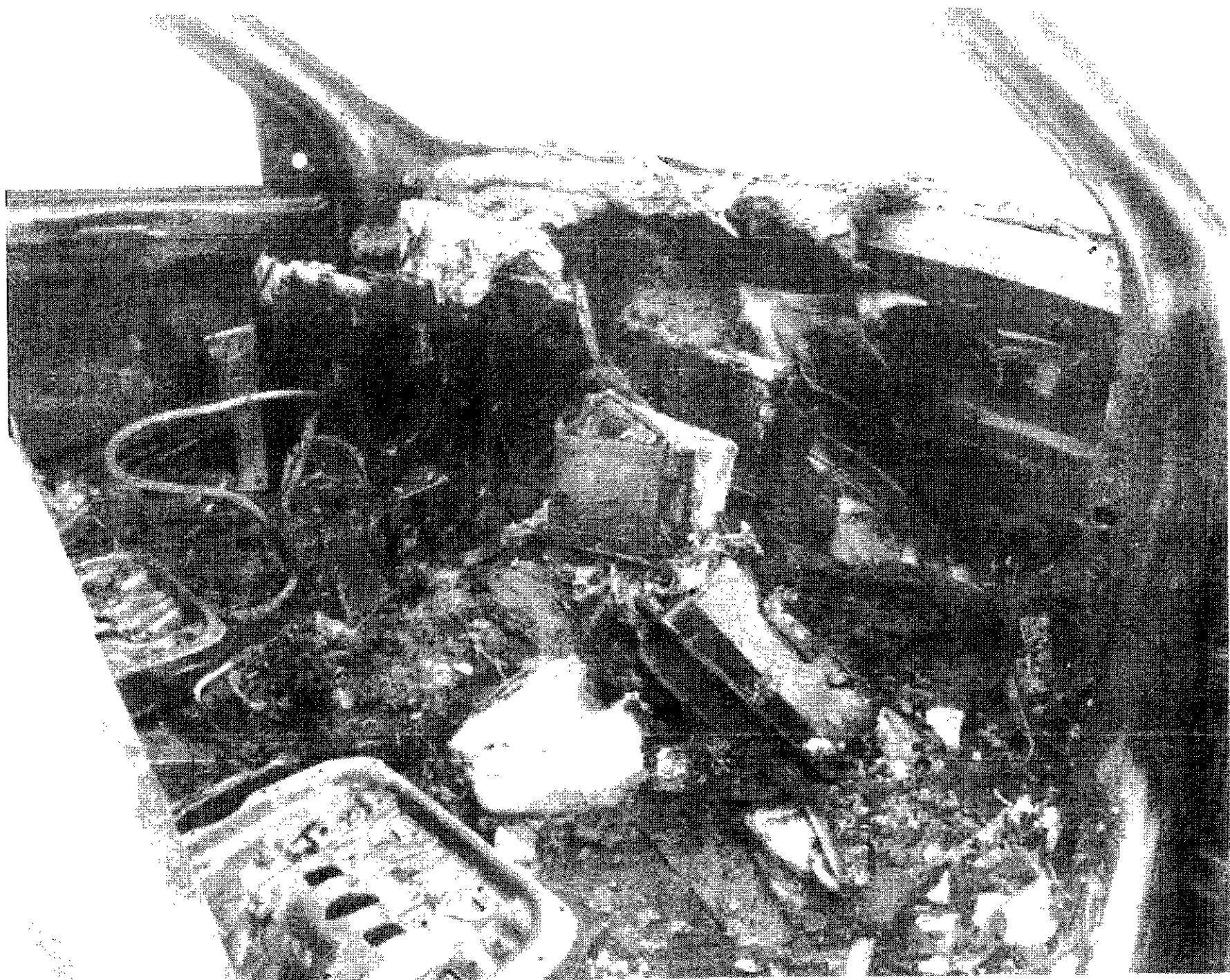
Please send the check to James Stenderup at PO Box 269, Del Mar, CA 92014, thank you.

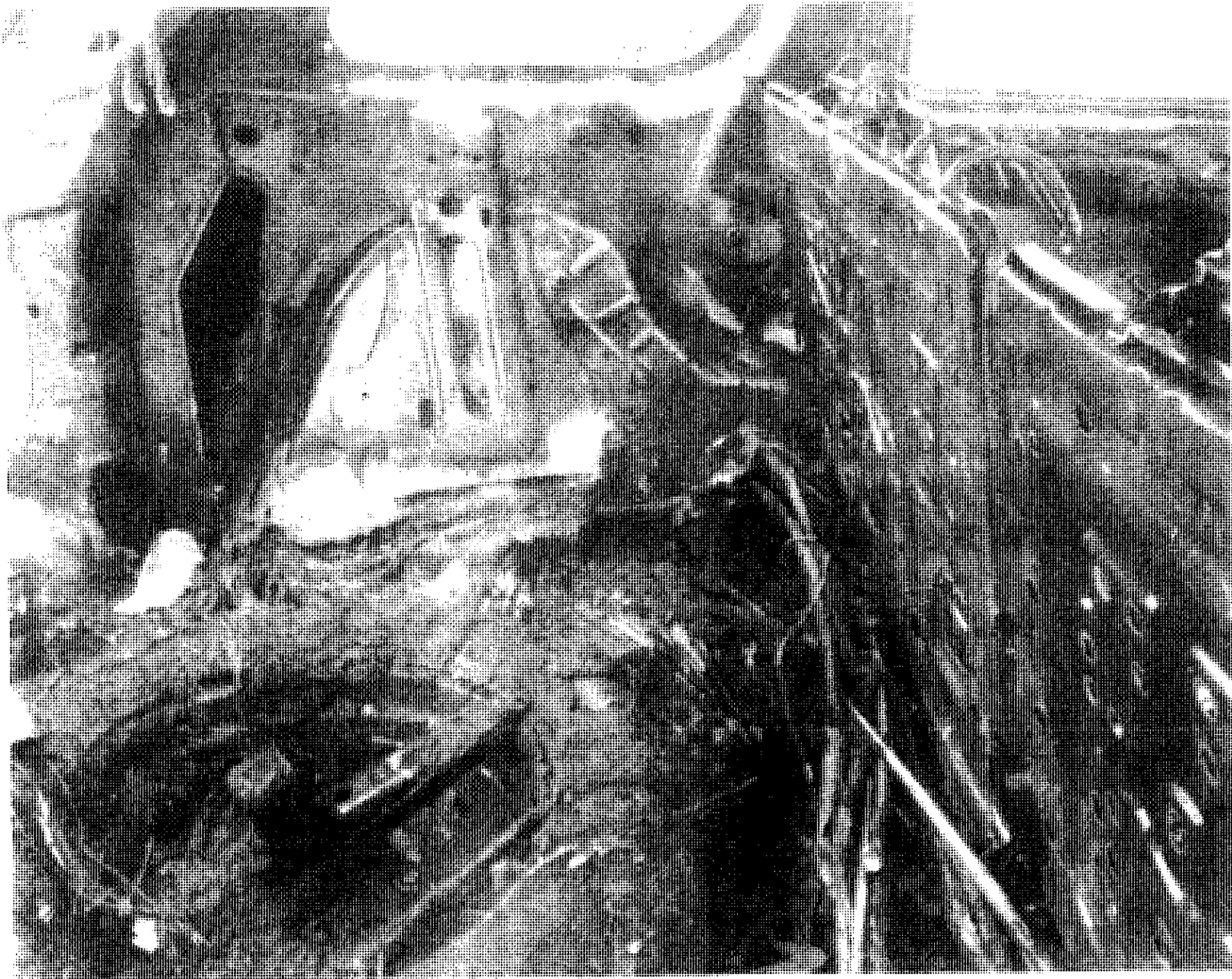
Sincerely,

[REDACTED]
Encls.

PRODUCT

FRONT





REAR



CERTIFICATE OF TITLE

VIN 1C4RJFAGXCC [REDACTED] YEAR 2012 MAKE JEEP MODEL GRAND CHER VEHICLE BODY T4W TITLE NUMBER [REDACTED]
DATE ISSUED [REDACTED] ODOMETER MILES 26114 FUEL TYPE F SALES TAX PD [REDACTED] EMPTY WT [REDACTED] GROSS WT [REDACTED] GVWR [REDACTED]
VEHICLE COLOR [REDACTED] ODOMETER BRAND [REDACTED] BRANDS [REDACTED]

ACTUAL MILES

OWNER(S) NAME AND ADDRESS

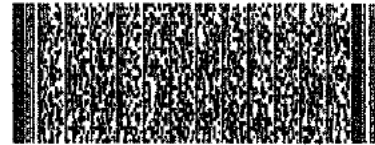
[REDACTED]
INCLINE VILLAGE NV [REDACTED]

LIENHOLDER NAME AND ADDRESS

LIENHOLDER RELEASE - INTEREST IN THE VEHICLE DESCRIBED ON THIS TITLE IS HEREBY RELEASED:

SIGNATURE OF AUTHORIZED AGENT _____ DATE _____

PRINTED NAME OF AGENT AND COMPANY _____



FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

The undersigned hereby certifies the vehicle described in this title has been transferred to the following buyer(s):

Printed Full Legal Name of Buyer _____ Nevada Driver's License Number or Identification Number AND OR

Printed Full Legal Name of Buyer _____ Nevada Driver's License Number or Identification Number _____

Address _____ City _____ State _____ Zip Code _____
I certify to the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.
ODOMETER READING NO TENTHS The mileage stated is in excess of its mechanical limits.
 The odometer reading is not the actual mileage. WARNING: ODOMETER DISCREPANCY.
 Exempt - Model year over 9 years old.

Signature of Seller(s)/Agent/Dealership _____ Printed Name of Seller(s)/Agent/Dealership _____

I am aware of the above odometer certification made by the seller/agent. Dealer's License Number _____ Date of Sale _____

Signature of Buyer _____ Printed Full Legal Name of Buyer _____
ACCORDING TO THE RECORDS OF THE DEPARTMENT OF MOTOR VEHICLES, THE PERSON NAMED HEREON IS THE OWNER OF THE VEHICLE DESCRIBED ABOVE, SUBJECT TO LIEN AS SHOWN. CONTROL NO. _____

SIMPLE INTEREST VEHICLE CONTRACT FOR SALE AND SECURITY AGREEMENT

SECTION A:

Buyer's Name(s): _____ Name: _____ Address: _____ City: _____ County: _____ State: _____ Zip: _____ Bus. Phone: (____) _____ Res. Phone: (____) _____	CREDITOR: _____ Address: _____ City: _____ County: _____ State: _____ Zip: _____ Phone: (____) _____
Stock No.: _____	Salesman: _____ Date: _____

SECTION B: DISCLOSURE MADE IN COMPLIANCE WITH FEDERAL TRUTH IN LENDING ACT.

<p>ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.</p> <p>_____ %</p> <p>FINANCE CHARGE The dollar amount the credit will cost you.</p> <p>\$ _____</p> <p>Amount Financed The amount of credit provided to you or on your behalf.</p> <p>\$ _____</p> <p>Total of Payments The amount you will have paid after you have made all payments as scheduled.</p> <p>\$ _____</p> <p>Total Sales Price The total cost of your purchase on credit, including your down payment of \$ _____.</p> <p>\$ _____</p>	<p>Your Payment Schedule will be: (e) means an estimate</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Number of payments:</th> <th>Amount of payments:</th> <th>When payments are due:</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>INSURANCE AND DEBT CANCELLATION: Credit life insurance, credit disability insurance and debt cancellation coverage, which is also known as GAP coverage, are not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Premium:</th> <th>Term:</th> <th>Signature(s):</th> </tr> <tr> <td>Credit life:</td> <td>\$ _____</td> <td> </td> <td>I want credit life insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small></td> </tr> <tr> <td>Joint credit life:</td> <td>\$ _____</td> <td> </td> <td>We want joint credit life insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small></td> </tr> <tr> <td>Credit disability:</td> <td>\$ _____</td> <td> </td> <td>I want credit disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small></td> </tr> <tr> <td>Credit life and disability:</td> <td>\$ _____</td> <td> </td> <td>I want credit life and disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small></td> </tr> <tr> <td>Joint credit life and disability:</td> <td>\$ _____</td> <td> </td> <td>We want joint credit life and single disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small></td> </tr> <tr> <td>Debt cancellation coverage (GAP coverage):</td> <td>\$ _____</td> <td> </td> <td>I want debt cancellation coverage (GAP coverage): <input checked="" type="checkbox"/> _____ <small>Signature(s)</small></td> </tr> </table> <p>You may obtain property insurance from anyone you want that is acceptable to the Creditor on page 1 of 2. If you get the insurance from the Creditor, you will pay \$ _____ and the term of the insurance will be _____.</p> <p>SECURITY: You are giving a security interest in the goods or property being purchased.</p> <p><input type="checkbox"/> If checked, you are giving a security interest in _____.</p> <p>LATE CHARGE: If a payment is more than 10 days late, you will be charged \$15 or 8 percent of the payment, whichever is less.</p> <p>PREPAYMENT: If you pay off early, you will not have to pay a penalty.</p> <p>See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and penalties.</p>	Number of payments:	Amount of payments:	When payments are due:								Premium:	Term:	Signature(s):	Credit life:	\$ _____		I want credit life insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>	Joint credit life:	\$ _____		We want joint credit life insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>	Credit disability:	\$ _____		I want credit disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>	Credit life and disability:	\$ _____		I want credit life and disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>	Joint credit life and disability:	\$ _____		We want joint credit life and single disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>	Debt cancellation coverage (GAP coverage):	\$ _____		I want debt cancellation coverage (GAP coverage): <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>
Number of payments:	Amount of payments:	When payments are due:																																				
	Premium:	Term:	Signature(s):																																			
Credit life:	\$ _____		I want credit life insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>																																			
Joint credit life:	\$ _____		We want joint credit life insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>																																			
Credit disability:	\$ _____		I want credit disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>																																			
Credit life and disability:	\$ _____		I want credit life and disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>																																			
Joint credit life and disability:	\$ _____		We want joint credit life and single disability insurance: <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>																																			
Debt cancellation coverage (GAP coverage):	\$ _____		I want debt cancellation coverage (GAP coverage): <input checked="" type="checkbox"/> _____ <small>Signature(s)</small>																																			

SECTION C: ITEMIZATION OF AMOUNT FINANCED.

1. Vehicle Selling Price \$ _____
 Plus: Documentary Fee \$ _____
 (This charge represents costs and profit to the dealer for items such as inspecting, cleaning, adjusting vehicles, and preparing documents related to the sale.)
 Plus: Emissions Inspection Fee \$ _____
 Plus: Other (_____) \$ _____
 Plus: Other (_____) \$ _____
 Plus: Other (_____) \$ _____
 Total Taxable Selling Price \$ _____
2. Total Sales Tax \$ _____
3. Amounts Paid to Public Officials
 - a. Titling Fee \$ _____
 - b. Registration Fee \$ _____
 - c. Other \$ _____
 Total Official Fees (Add 3a through 3c) \$ _____
4. Optional, nontaxable, fees or charges
 - a. _____ \$ _____
 - b. _____ \$ _____
 - c. _____ \$ _____
 - d. _____ \$ _____
 - e. _____ \$ _____
 - f. _____ \$ _____
 Total Optional, nontaxable, fees or charges (Add 4a through 4f) \$ _____

SECTION D: VEHICLE RETAIL INSTALLMENT CONTRACT AND SECURITY AGREEMENT.

This contract is made the _____ (day) of _____ (month) of _____ (year), between you, the Buyer(s) shown on page 1 of 2, and us, the Seller shown as Creditor on page 1 of 2. Having been quoted a cash price and a credit price and having chosen to pay the credit price (shown as the Total Sales Price in Section B on page 1 of 2), you agree to buy and we agree to sell, subject to all the terms of this contract, the following described vehicle, accessories and equipment (all of which are referred to in this contract as "Collateral"):

New or Used: _____ Year and Make: _____

Series: _____ Body Style: _____ No. Cyl.: _____

If truck, ton capacity: _____

Manufacturer's Serial Number: _____

Use for which purchased: Personal Business Agriculture

INCLUDING:

<input type="checkbox"/> Sun/Moon Roof	<input type="checkbox"/> Air-Conditioning	<input type="checkbox"/> Automatic Transmission
<input type="checkbox"/> Power Steering	<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Power Seats
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Tilt Wheel	<input type="checkbox"/> Vinyl Top
<input type="checkbox"/> Cassette	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> AM/FM Stereo
<input type="checkbox"/> Compact Disc Player		

Color _____ Tires _____ Lic. No. _____

You, severally and jointly, promise to pay us the Total of Payments (shown in

1. Vehicle Selling Price \$ _____
 Plus: Documentary Fee \$ _____
 (This charge represents costs and profit to the dealer for items such as inspecting, cleaning, adjusting vehicles, and preparing documents related to the sale.)
 Plus: Emissions Inspection Fee \$ _____
 Plus: Other (_____) \$ _____
 Plus: Other (_____) \$ _____
 Plus: Other (_____) \$ _____
 Total Taxable Selling Price \$ _____

2. Total Sales Tax \$ _____
 3. Amounts Paid to Public Officials
 a. Titling Fee \$ _____
 b. Registration Fee \$ _____
 c. Other \$ _____
 Total Official Fees (Add 9a through 9c) \$ _____

4. Optional, nontaxable, fees and charges
 a. _____ \$ _____
 b. _____ \$ _____
 c. _____ \$ _____
 d. _____ \$ _____
 e. _____ \$ _____
 f. _____ \$ _____

5. Trade-In Allowance (Add 5a through 5f)
 a. _____ \$ _____
 b. _____ \$ _____
 c. _____ \$ _____
 d. _____ \$ _____
 e. _____ \$ _____
 f. _____ \$ _____
 Total Trade-In Allowance (Add 5a through 5f) \$ _____
 (If negative, enter 0 and see line 11a.)

7. Down Payment (Other Than Net Trade-In Allowance):
 a. Trade-In Dealer's Credit \$ _____
 b. _____ \$ _____
 c. _____ \$ _____
 d. _____ \$ _____
 e. _____ \$ _____
 Total Down Payment (Add 7a through 7e) \$ _____
 8. TRADE-IN ALLOWANCE (Add 5 and 7) \$ _____
 9. PAID BALANCE OF CASH SALES PRICE \$ _____
 Subtract 8 from 9

10. Plus Options, Insurance and Debt Cancellation Charges:
 a. Credit Life Insurance Premium
 Paid to _____ Term _____ \$ _____
 b. Credit Disability Insurance Premium
 Paid to _____ Term _____ \$ _____
 c. Debt Cancellation Coverage (CAR) Charge
 Paid to _____ Term _____ \$ _____
 d. Other Insurance
 Paid to (_____) Term (_____) \$ _____
 Total Optional Insurance and Debt Cancellation Charges (Add 10a through 10d) \$ _____

11. Other Amounts Financed*
 a. Prior Credit or Lease Balance
 Paid to (_____) \$ _____
 b. _____
 Paid to (_____) \$ _____
 c. _____
 Paid to (_____) \$ _____
 Total Other Amounts Financed (Add 11a through 11c) \$ _____
 TOTAL AMOUNT FINANCED (Add 9 and 11) \$ _____
 Dealer may retain or receive a portion of this amount.

STATE DISCLOSURE REQUIREMENTS: The disclosures in Section B and Section D are not to be used in lieu of the disclosures in the state disclosure requirements.
 See the Terms and Conditions of the contract for a complete list of disclosures.

AND SECURITY AGREEMENT

This contract is made the _____ (day) of _____ (month) of _____ year between you, the Buyer, (shown on page 1 of 2) and us, the Seller and/or as Creditor on page 1 of 2, having been quoted a cash price and a credit price and having chosen to pay the credit price, shown as the Total Sales Price in Section B on page 1 of 2, you agree to buy and we agree to sell, subject to all the terms of this contract, the following described vehicle, accessories and equipment (all of which are referred to in this contract as "Collateral"):

New or Used: _____ Year and Make: _____
 Series: _____ Body Style: _____ No. Cyl.: _____

If truck, ton capacity: _____
 Manufacturer's Serial Number: _____

Use for which purchased: Personal Business Agriculture
 INCLUDING:
 Sun/Moon Roof Air-Conditioning Automatic Transmission
 Power Steering Power Door Locks Power Seats
 Power Windows Tilt Wheel Vinyl Top
 Cassette Cruise Control AM/FM Stereo
 Compact Disc Player

Color: _____ Tires: _____ Lic. No. _____

We, severally and jointly, promise to pay us the Total of Payments (shown in Section B) according to the Payment Schedule (also shown in Section B), until paid in full, together with interest after maturity at the Annual Percentage Rate as stated on page 1 of 2.

To secure such payment, you grant to us a purchase money security interest in the Collateral and in all accessions to and interests in the Collateral, insurance in which we or our assignee are named as beneficiary, and in the proceeds of such insurance or refunds of premiums thereon, and in all other property, real and personal, security for this obligation and any other obligation created in connection with this sale. We, our successors and assigns, hereby waive any other security interest or mortgage which would otherwise secure your obligations under this contract except for the security interests and assignments granted by you in this contract.

Address where Collateral will be located:
 Street _____

County _____ State _____

Your address after receipt of possession of Collateral:
 Street _____ City _____

County _____ State _____
 Notice of Possession of Rights
 Collateral Dealer

See B, and any other applicable provisions on page 1 or 2 as applicable to this contract.

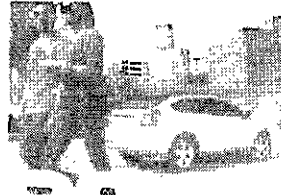
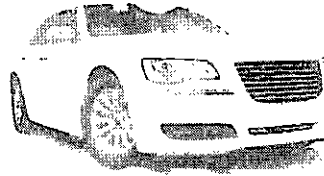
Signature of Buyer: _____
 Signature of Seller: _____

Service will be provided by the dealer who sold you the Plan. In the event that you cannot return to the selling dealer for service, you may obtain Plan service from any Chrysler, Jeep, Dodge or Ram dealer within the United States, District of Columbia, Canada, Guam, Puerto Rico or Alaska. If you are unable to obtain Plan service from an authorized dealer, call the toll-free number between 8:00 a.m. and 5:00 p.m. Monday - Friday for service instructions:

1-800-992-2222 in United States and Puerto Rico

1-800-55-2001 in Canada

contracts.chrysler.com



WARRANTIES

OPTIONAL VEHICLE PROTECTION PLAN

certifiedpreowned.chrysler.com

Chrysler, Dodge, Ram, SRT, Mopar and Maximum Care are registered trademarks of Chrysler Group LLC. The CARFAX logo and the CARFAX logo are registered trademarks of CARFAX, Inc. SIRIUS, XM and all related logos are trademarks of SIRIUS XM Radio Inc. and subsidiaries. Ally is a registered trademark. All rights reserved. © 2012 Chrysler Group LLC. All rights reserved.

91-770-9000-11 • FL Lic. #65505 • CA Lic. #0G94472

certified pre-owned



The limited warranties contained in this booklet, and any remaining coverage that your vehicle may have under its Chrysler Group LLC New Vehicle Basic Limited Warranty, are the only express limited warranties that Chrysler Group LLC makes for your Certified Pre-Owned Vehicle. **These limited warranties give you specific legal rights, and you may also have other rights that vary from state to state.** For example, you may have some implied warranties, depending on the state in which your vehicle is registered:

- An "implied warranty of merchantability" means that your vehicle is reasonably fit for the general purpose for which it was sold
- An "implied warranty of fitness for a particular purpose" means that your vehicle is suitable for your special purposes if those special purposes were specifically disclosed to Chrysler Group LLC itself – not merely to the dealer – before your purchase

These implied warranties are limited to the time periods covered by the express written limited warranties contained in this booklet to the extent allowed by the law. Some states do not allow limitations on how long an implied limited warranty lasts, so the above limitations may not apply to you.

If you use your vehicle primarily for business or commercial purposes, then these implied warranties do not apply, and Chrysler Group LLC completely disclaims them to the extent allowed by the law. And the implied limited warranty of fitness for a particular purpose does not apply if your vehicle is used for racing, even if the vehicle is equipped for racing. There is no limited warranty coverage on your vehicle if you use it for racing.

Chrysler Group LLC warrants the following parts and components of your Certified Pre-Owned Vehicle's powertrain against defects in workmanship, materials and factory preparation for 7 years or 100,000 miles on the odometer, whichever occurs first (for 2010 model year and newer vehicles), or 6 years or 80,000 miles on the odometer, whichever occurs first (for 2009 model year and earlier vehicles), measured from the vehicle's original limited warranty start date when sold as new.

Engine: Cylinder block and all internal parts, cylinder head assemblies, timing case, chain, gears, belt and sprockets, harmonic balancer, oil pump, water pump and housing, intake and exhaust manifolds, flywheel with starter ring gear, core plugs, valve covers, oil pan, oil filter adapter housing, turbocharger housing and all internal parts, turbocharger wastegate actuator, supercharger, serpentine belt tensioner, seals and gaskets for listed components. **NOTE:** Gas engines include fuel injectors, but exclude clogged injectors. Diesel engines include fuel injector pump and injector.

Transmission: Transmission case and all internal parts, torque converter, flex plate/drive plate, transmission range switch, transmission control module, bell housing, oil pan, seals and gaskets for listed components (manual transmission clutch parts are not covered at any time).

Front-Wheel Drive: Transaxle case and all internal parts, axle shaft assemblies, constant velocity joints and boots, front wheel bearing differential cover, oil pan, transaxle speed sensor, transaxle solenoid assembly, PRNDL position switch, transaxle electronic controller, torque converter, seals and gaskets for listed components (manual transmission clutch parts are not covered at any time).

Rear-Wheel Drive: Rear axle housing and all internal parts, axle shafts, axle shaft bearings, driveshaft assemblies, driveshaft center bearings, universal joints and yokes, seals and gaskets for listed components only.

Four-Wheel Drive/All-Wheel Drive: Transfer case/power transfer unit and all internal parts, viscous coupler, front and rear axle housing assemblies and all internal parts, rear driveline module, axle shafts, axle shaft bearings, constant velocity joints and boot driveshaft and axle shaft assemblies, driveshaft center bearings, universal joints and yokes, disconnect housing assembly, differential carrier assembly and all internal parts, output ball bearing and flange, end cover, overrunning clutch, shift motor, vacuum motor, torque tube, pinion spacer and shim, seals and gaskets for listed components only.

You are responsible for the first \$150 of the total cost of covered component repairs performed during each repair visit. The Powertrain Limited Warranty pays the remaining cost of covered repairs.

The Certified Pre-Owned Vehicle Powertrain Limited Warranty is extended to the original purchaser of the Certified Pre-Owned Vehicle. In addition, the Powertrain Limited Warranty is also offered to the first transferee from that original purchaser if a \$150 transfer fee is paid. The fee must be paid at a Chrysler Group LLC dealer. Second and subsequent transfers are not covered by the Powertrain Limited Warranty.

The Powertrain Limited Warranty also covers the cost of towing your vehicle (up to a \$100 maximum per occurrence) to the nearest Chrysler, Jeep, Dodge or Ram dealer if your vehicle can't be driven because of a failure of a covered powertrain part.



ADOT USE ONLY

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 084R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233

YEAR MONTH DAY HOUR NCIC NO. OFFICER ID NO. 1 3 0 1 2 6 1 3 5 6 0 7 9 9 0 6 8 6 0

Total Number of Sheets 5

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

2 Total Units 1 Total Injuries 0 Total Fatalities 0 Estimated Total Damage Compared To \$1,000 Limit: Over Under Fatal Hit/Run Person Transported for Immediate Medical Care? Tow Away of At Least One Vehicle from Scene? District or Grid No. 0403

3 LOCATION On Highway/Road/Street Private Property Crash Inside Outside City WELLTON County YUMA Intersecting Street/Road/M.P. or R.P. Mile Post 33.7

Safety Devices (SD) Injury Severity (IS) Seating Position 18 - Front Seat Other (Child in Lap) 28 or 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 55 - Riding on Vehicle Exterior 59 - Unknown

4 State Class End. NV C Driver License/Permit No. Valid License/Permit Driver Driverless Pedestrian Pedalcyclist Name (First, Middle, Last) Suffix Sex

Restrictions A City INCLINE VILLAGE NV State CLINE VILLAGE NV State

TRAFFIC UNIT NO. Color SIL Vehicle Year 2012 Make JEEP Model AND CHEROK Body Style 4DSW Plate Mo/Yr 10/25/2013 Bus (9 or more seats) VIN 1C4RJFAGXCC

Safety Devices 3 Injury Severity 1 Posted Speed Limit 75 Old Est. Speed 75 Transported To/By Removed to (Address/Storage Location Identifier) YUMA, AZ

Insurance Company AMERIPRISE Telephone Number (888) 404-5365 Policy Number Exp. Date 02/15/2014

State Class End. DL # No Valid License/Permit Driver Driverless Pedestrian Pedalcyclist Name (First, Middle, Last) Suffix Sex

Restrictions Address City State Zip Code Telephone Number Date of Birth Owner/Carrier Name Address City State Zip Code

TRAFFIC UNIT NO. Color Vehicle Year Make Model Body Style Plate Number State Plate Mo/Yr Bus (9 or more seats) VIN Trailer (Other Unit) Plate No. State Year

Safety Devices Injury Severity Posted Speed Limit Old Est. Speed Transported To/By Removed to (Address/Storage Location Identifier)

Insurance Company Telephone Number Policy Number Exp. Date

State Class End. DL # No Valid License/Permit Driver Driverless Pedestrian Pedalcyclist Name (First, Middle, Last) Suffix Sex

Restrictions Address City State Zip Code Telephone Number Date of Birth Owner/Carrier Name Address City State Zip Code

TRAFFIC UNIT NO. Color Vehicle Year Make Model Body Style Plate Number State Plate Mo/Yr Bus (9 or more seats) VIN Trailer (Other Unit) Plate No. State Year

Safety Devices Injury Severity Posted Speed Limit Old Est. Speed Transported To/By Removed to (Address/Storage Location Identifier)

Insurance Company Telephone Number Policy Number Exp. Date

PASSENGERS Unit Seat # Pos SD IS Name Address City State Zip Code Telephone No. D.O.B./Age Sex

Property Damaged (Other than Vehicles) Block 31, Event 29-49 Owner Code (OC) 1 - Private 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 8 - Inventory Tag No.

OC Owner's Name Address (or Bar Code ID Number) City State Zip Code Telephone Number

Photos Taken Yes No Photographer's Name, ID Number and Agency Number Involvement at Scene Yes/No Date Invest Time Invest First/MS Incident No

Officer's Name/Badge # M. ALVAREZ (06860) Supervisor's Signature M. MCLAREN (05789) Agency Name DPS Date Completed 01/26/2013

Name		Address		City		State		Zip Code		Telephone Number		D.O.B./Age					
8 WITNESSES																	
9 CITATION CHARGES																	
UNIT #		A.R.S. NO. OR CITY CODE				UNIT #		A.R.S. NO. OR CITY CODE				BLOCKS 10 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED					
10 - LIGHT CONDITION						17 - MANNER OF CRASH IMPACT						21 - CONDITION INFLUENCING Driver/Ped/Cyclist UP TO TWO CHOICES PER UNIT					
<input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK-LIGHTED <input type="checkbox"/> 5 DARK-NOT LIGHTED <input type="checkbox"/> 6 DARK-UNKNOWN LIGHTING						<input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 8 REAR-TO-SIDE <input type="checkbox"/> 9 REAR-TO-REAR <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN						<input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> A NO TEST GIVEN <input type="checkbox"/> B TEST GIVEN <input type="checkbox"/> C TEST REFUSED <input type="checkbox"/> D TESTING UNKNOWN <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN CONDITION					
11 - WEATHER CONDITIONS						18 - DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT						22 - VIOLATIONS/BEHAVIOR UP TO TWO CHOICES PER UNIT					
<input type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET, HAIL (freezing rain/drizzle) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOG, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN						<input type="checkbox"/> 1 NORTH <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> 3 EAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 5 NORTHWEST <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 99 UNKNOWN						<input type="checkbox"/> 1 NO IMPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> 9 KNOWINGLY OPERATED WITH FAULTY/MISSING EQUIPMENT <input type="checkbox"/> 10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 14 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> 15 OTHER UNSAFE PASSING <input type="checkbox"/> 16 INATTENTION/DISTRACTION <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> 18 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> 19 ELEC TRONIC COMMUNICATIONS DEVICE <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN					
12 - ROAD SURFACE CONDITION						19 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT						23 - TRAFFIC UNIT MANEUVER/ACTION					
<input type="checkbox"/> 1 DRY <input type="checkbox"/> 2 WET <input type="checkbox"/> 3 SNOW <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> 7 SAND <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> 9 OIL <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN						<input type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCE ENVIRONMENTAL <input type="checkbox"/> 1 GLARE <input type="checkbox"/> A SUNLIGHT <input type="checkbox"/> B HEADLIGHTS <input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> A STOPPED/PARKED VEHICLE <input type="checkbox"/> B MOVING VEHICLE <input type="checkbox"/> C LOAD ON VEHICLE <input type="checkbox"/> D TREES/SHRUB/BUSH ROAD <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> A LANE CLOSURE <input type="checkbox"/> B LANE SHIFT/CLOSURE <input type="checkbox"/> C WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> D INTERMITTENT OR MOVING WORK <input type="checkbox"/> E OTHER <input type="checkbox"/> F WORKERS PRESENT <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> 8 NON-HIGHWAY WORK MOTOR VEHICLE <input type="checkbox"/> 9 BRAKES <input type="checkbox"/> 10 STEERING <input type="checkbox"/> 11 SUSPENSION <input type="checkbox"/> 12 TIRES <input type="checkbox"/> 13 WHEELS <input type="checkbox"/> 14 LIGHTS (head, signal, tail) <input type="checkbox"/> 15 WINDOWS/WINDSHIELD <input type="checkbox"/> 16 MIRRORS <input type="checkbox"/> 17 WIPERS <input type="checkbox"/> 18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN						<input type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input type="checkbox"/> 3 STOPPED IN TRAFFICWAY <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> 6 MAKING U-TURN <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEHICLE/OBJECT/PEDESTRIAN/CYCLIST <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN					
13 - ROAD GRADE						20 - TRAFFIC CONTROL DEVICE						24 - LOCATION OF PEDESTRIAN/CYCLIST					
<input type="checkbox"/> 1 LEVEL <input type="checkbox"/> 2 DOWNHILL <input type="checkbox"/> 3 UPHILL <input type="checkbox"/> 4 HILLCREST <input type="checkbox"/> 5 SAG/DIP/BOTTOM <input type="checkbox"/> 99 UNKNOWN						<input type="checkbox"/> 0 NO CONTRLS <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 5 RAILROAD CROSSING DEVICE <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN						<input type="checkbox"/> 1 MARKED CROSSWALK IN INTERSECTION <input type="checkbox"/> 2 AT INTERSECTION BUT NO CROSSWALK <input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK <input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> 5 SCHOOL CROSSWALK <input type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection) <input type="checkbox"/> 7 MEDIAN (but not on shoulder) <input type="checkbox"/> 8 ISLAND <input type="checkbox"/> 9 SHOULDER <input type="checkbox"/> 10 SIDEWALK <input type="checkbox"/> 11 ROADSIDE <input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY <input type="checkbox"/> 13 DEDICATED BIKE LANE <input type="checkbox"/> 14 SHARED USE PATH <input type="checkbox"/> 15 INSIDE BUILDING <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN					
14 - RELATION TO JUNCTION						16 - TRAFFIC WAY DESCRIPTION											
<input type="checkbox"/> 0 NOT JUNCTION RELATED NON-CONTROLLED ACCESS AREA <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP (rest areas) <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY-ACCESS-RELATED <input type="checkbox"/> 9 UNKNOWN NON-INTERCHANGE CONTROLLED ACCESS AREA <input type="checkbox"/> 10 THRU ROADWAY <input type="checkbox"/> 11 INTERSECTION (within) <input type="checkbox"/> 12 INTERSECTION-RELATED <input type="checkbox"/> 13 ENTRANCE/EXIT RAMP <input type="checkbox"/> 14 FRONTAGE ROAD <input type="checkbox"/> 15 OTHER PART OF INTERCHANGE <input type="checkbox"/> 99 UNKNOWN						<input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED (PAINTED- 4 FEET) MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 99 UNKNOWN											
15 - TYPE OF INTERSECTION																	
<input type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT, OR MORE <input type="checkbox"/> 99 UNKNOWN																	

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
CONTINUED <small>POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 306 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233</small>		YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO		
		1	3	0	1	2	6	1	
		3	5	6	0	7	9	9	
		0	6	0	7	9	9	0	
		6	8	6	0				

25 VEHICLE DAMAGED AREA(S) - (CIRCLE UP TO THREE AREAS PER UNIT)

Unit # 1 1 2 3 4 5 8 7 6 0-NONE 10-UNDERCARRIAGE 97-OTHER 99-UNKNOWN	Unit # 2 1 2 3 4 5 8 7 6 0-NONE 10-UNDERCARRIAGE 97-OTHER 99-UNKNOWN	Unit # 3 1 2 3 4 5 8 7 6 0-NONE 10-UNDERCARRIAGE 97-OTHER 99-UNKNOWN
--	--	--

26 GLOBAL POSITION Latitude: 0 Longitude: 0

27 - ROADWAY ALIGNMENT

Unit # 1

1 - STRAIGHT
 2 - CURVE LEFT
 3 - CURVE RIGHT
 99 - UNKNOWN

28 - LANE

Please enter unit's number and lane of travel before his crash event

UNIT 1	UNIT	UNIT
2		

0 TWO-WAY CONTINUOUS LEFT TURN
 1-2 1- FIRST LANE NEXT TO A MEDIAN THRU 3
 CROSSWALK
 3-1 THRU LX - LEFT TURN ONLY LANES (L1=1ST
 LEFT TURN AFTER MEDIAN CENTERLINE)
 R1 THRU RX - RIGHT TURN LANES (R1=1ST
 RIGHT TURN AFTER THROUGH LANES)
 BL DEDICATED BIKE LANE
 HOV HIGH OCCUPANCY VEHICLE
 97 NON-ROADWAY
 99 UNKNOWN

29 - EJECTION

0 NOT APPLICABLE
 1 NOT EJECTED
 2 EJECTED PARTIALLY
 3 EJECTED, TOTALLY
 4 UNKNOWN DEGREE
 99 UNKNOWN

30 - EXTRICATION

0 NOT APPLICABLE
 1 EXTRICATED
 99 UNKNOWN

Unit # and Seat Position from front page.
 Driver seat position = 11

Unit #	Seat Pos	Ejection	Extrication
1	11	0	0
1	13	0	0

31 - SEQUENCE OF EVENTS

SEE EXAMPLE BELOW

UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

NON-COLLISION

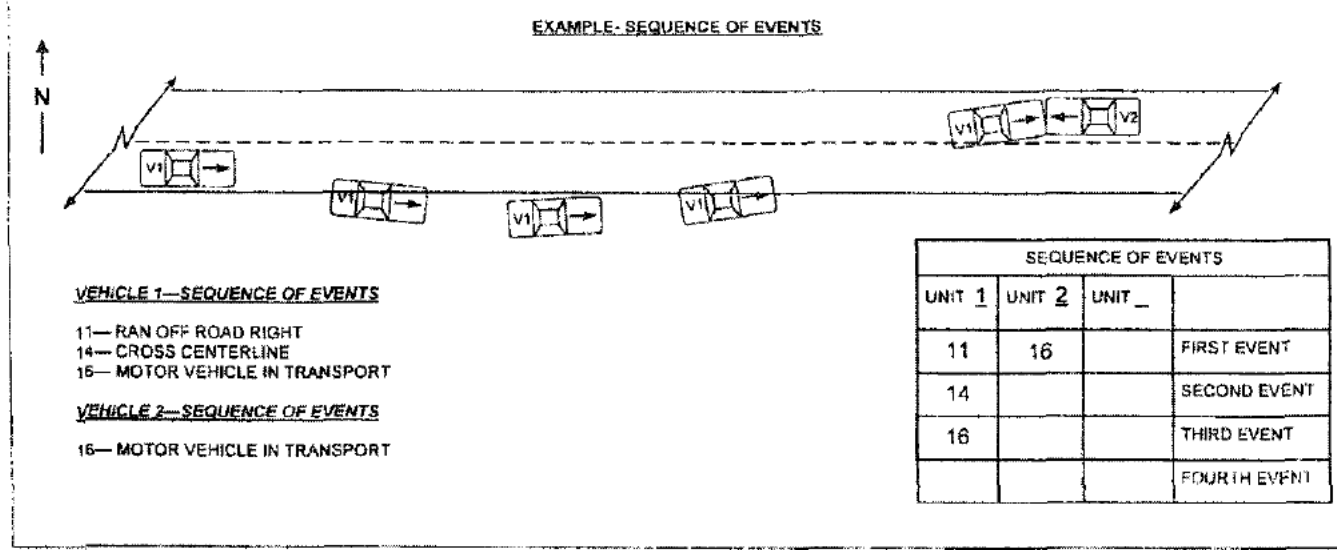
- 1 OVERTURN/ROLLOVER
- 2 FIRE/EXPLOSION
- 3 IMMERSION
- 4 JACKKNIFE
- 5 CARGO/EQUIPMENT LOSS/SHIFT
- 6 FELL/JUMPED FROM VEHICLE
- 7 THROWN OR FALLING OBJECT
- 8 OTHER NON-COLLISION
- 9 EQUIPMENT FAILURE (ires, brakes)
- 10 SEPARATION OF UNITS
- 11 RAN OFF ROAD RIGHT
- 12 RAN OFF ROAD LEFT
- 13 CROSS MEDIAN
- 14 CROSS CENTERLINE
- 15 DOWNHILL RUNAWAY

COLLISION WITH FIXED OBJECT

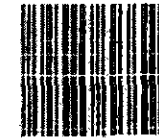
- 29 IMPACT ATTENUATOR/CRASH CUSHION
- 30 BRIDGE/OVERHEAD STRUCTURE
- 31 BRIDGE RAIL
- 32 CULVERT
- 33 CURB
- 34 DITCH
- 35 EMBANKMENT
- 36 GUARDRAIL FACE
- 37 GUARDRAIL END
- 38 CONCRETE TRAFFIC BARRIER
- 39 CABLE TRAFFIC BARRIER
- 40 OTHER TRAFFIC BARRIER
- 41 TREE, BUSH, STUMP (standing)
- 42 TRAFFIC SIGN SUPPORT
- 43 TRAFFIC SIGNAL SUPPORT
- 44 UTILITY POLE/LIGHT SUPPORT
- 45 OTHER POST, POLE, OR SUPPORT
- 46 FENCE
- 47 MAILBOX
- 48 BUILDING
- 49 OTHER FIXED OBJ.
- 99 UNKNOWN

COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT

UNIT 1	UNIT	UNIT	SEQUENCE OF EVENTS
16			FIRST EVENT
2			SECOND EVENT
			THIRD EVENT
			FOURTH EVENT
First Harmful Event			2



7011 3500 0002 9077 0F57



1000

48321

U.S. POSTAGE
PAID
DEL MAR, CA
92014
FFR 25.13
AMOUNT

\$7.17
00027451-98

Sergio Marchionne, CEO
CHRYSLER GROUP LLC
PO Box 21-8004
Auburn Hills, MI 48321-8004

12 HP GRAND PIER GRAY



13348173 X

PICKUP DATE: 1/31/13

VIN: 163809







000
Damage
NIK

GRAND CHEROKEE

Camelto
Toyota
MONTREAL



000
Damage
NIK

GRAND CHEROKEE















13348173 x





























3.6L
VVT











































CERTIFIED FACTORY

















































000
Damage
N/K

GRAND CHEROKEE





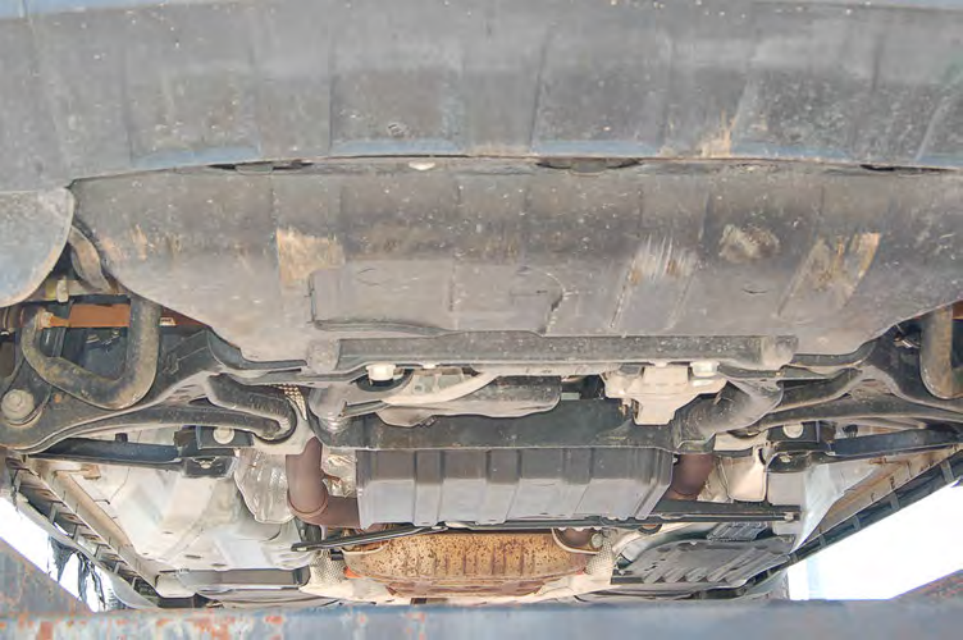
SAFE



RECYCLED
PLASTIC





















ADOT USE ONLY

ARIZONA CRASH REPORT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

COMPLETE THE TRUCKBUS SUPPLEMENT IF ANY (BASE) AND ANY (Special) ARE CHECKED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

ARIZONA CRASH REPORT

REPORT #

ARIZONA HIGHWAY

CONTINUED

FIELD OR LABORATORY TEST TO
 ADD TRUCK WEIGHTS SECTION WAS
 MADE BY: [REDACTED] PHOENIX, ARIZONA, 85001-0001

YEAR	MONTH	DAY	HOUR	MINUTE	OFFICER NO.
13	01	26	13	56	0709006886

32

CRASH DIAGRAM

 MEASUREMENTS ARE APPROXIMATE INCHES TO SCALE
 MEASUREMENTS ARE SCALED SCALE = _____

33
 LOCAL
 NUMBER



Statewide Roadmap 2017 available at
 www.arizona.gov
 Copyright © 2017 Arizona State

ARIZONA CRASH REPORT		REPORT ID						Agent's Unit No.										
11	CERTIFIED PHOENIX POLICE DEPARTMENT 1501 NORTH CENTRAL AVENUE PHOENIX, ARIZONA 85004	YEAR	MONTH	DAY	HOUR	MIN	SEC	OFFICER ID NO.	[REDACTED]									
		1	3	0	1	2	6	1		2	5	8	0	7	9	9	0	6

24 **NARRATIVE** Describe what happened

THE DRIVER OF TRAFFIC LIGHT #1 SAID HE WAS TRAVELING WEST ON INTERSTATE 8 WHEN HE NOTICED THE PASSENGER SUN VISOR START TO SHAKE. HE SAID HE PULLED OVER TO SEE WHAT WAS SHAKING WHEN THE VISOR CAUGHT FIRE. THE DRIVER AND PASSENGER EXITED THE VEHICLE. THE ENTIRE VEHICLE CAUGHT FIRE AND WAS A TOTAL LOSS.

DAMAGE TO VEHICLE	Location	Est. Value	Make	Model	Year	Color	Telephone No.	Officer's No.
DAMAGE TO PERSONS	Name	Address	City	State	Zip Code	Telephone Number	Officer's No.	



Account No. [REDACTED]

AEXX-WI EM

Attention: [REDACTED]

Its Property & Casualty Co.

Customer Service:

Metro Reporting Customer Support 1-800-245-6686 or help@metroreporting.com

Metropolitan Reporting Bureau
Box 926, William Penn Arena
Philadelphia, PA 19105-0926
Fax (800) 345-9047

Type of Report: FIRE

INCURRED : [REDACTED]
CLAIM NUMBER : [REDACTED]
POLICY NUM. : [REDACTED]
DATE OF LOSS : 01/26/11
LOSS STREET : INTERSTATE 8 MILE POST 33.7
LOSS CITY : MELLON AZ
POLICE DEPT : ARIZONA HIGHWAY PATROL
REPORT NUM. : [REDACTED]
INS. DRIVER : [REDACTED]
OTHER DRIVER :
VEH./DIST :
DESC. OF OTHER : SPOKE TO INSD [REDACTED] VERIFIED ON SATURDAY HE WAS D

TRANK YOU FOR THE ORDER!

Any questions or problems please feel free to contact us

PH. (800) 245-6686 at Help@MetroReporting.com



4936066443

P Property List 1-26-13

golf clubs - carol	800
golf clubs -jim	700
golf shoes, gloves, Stephens shoes	260
Books (several new)	810
Books Audio	120
IPOD	80
leather coats	260
leather purse wallet/cash	800
hats (Stetson, golf, beret)	360
luggage bags	80
glasses M.Jims	320
glasses Rx	200
tools/flashlights/umbrellas	180
misc. ladies	200
misc. men's	1250
	780
	7200