DP14-004

CHRYSLER

9/15/2014

Legals and Cust Complaints

PUBLIC

National

Alamo

Vanguard Car Rental USA Inc March 7, 2007

Daimler Chrysler
Customer Assistance
PO Box 21-8004
Auburn Hills, MI 48321-8004

RE: Insured:
Claimant:
Date of Loss: February 24, 2007
Your Claim No.: First Notice
Our File No.:

To Whom It May Concern,

As you may be aware, we are the administrators for Alamo in the above referenced matter.

Please allow this correspondence to serve as first notice to Daimler Chrysler of a possible product liability allegation. Mr. was a rear passenger of a Dodge Grand Caravan who sustained fatal injuries after being ejected during a one-car accident. The accident occurred in Wisconsin and the decedent and his attorney are from Chicago, Illinois.

To date the attorney has not raised a specific allegation, however, they have advised us in writing they "... are considering a products liability lawsuit..." We felt it would be prudent to place Daimler Chrysler on notice of this matter in case you would like to have a representative present at any future inspections. A copy of the attorney's letter is attached for your records.

The specific vehicle involved in this loss is a 2007 white Dodge Grand Caravan, VIN 1D4GP24R67B This unit is currently located in Wisconsin and will be moved to the St. Paul, Minnesota area next week.

Should you have any questions, you may contact the undersigned at 1 800 452-5038 x2777.

Very Truly Yours,

Jody C. Reynolds, AIC
Claims Analyst

Cc: P. Shawn Wood
Seyfarth Shaw, LLP
2601 S Federal Highway, Ft. Lauderdale, FL 33316 954-377-4354 Fax 954-467-0434

LAW OFFICES
JEFFERY M. LEVING, LTD.
A PROFESSIONAL CORPORATION
10 SOUTH LA SALLE STREET
SUITE 450
CHICAGO, ILLINOIS 60603
(312) 807-3090

JEFFERY M. LEVING
WILLIAM G. DOWLING
JAMES M. HAGLER
MICHAEL W. GOHOR
TIMOTHY S. O'GRADY**
ANDREY B. FILIPOWICZ
ANNE L. MUELLER
ANTHONY S. D'AGOSTINO
ARTHUR P. HALLOW
C. STACIE PATHAMMABOUN

SYLVIA GALIC*
SCOTT A. SHELL
MAUREEN A. GORMAN
JENNY E. NILSSON
JOSEPH H. SPARACINO
MARGARET H. WEGING
SHAHZAD R. KHAN
ROBERT K. REARDON
RUSSELL I. KAUFMAN
MARTIN L. GEINSAI

March 2, 2007

VIA FACSIMILE 302/734-1476
AND FIRST CLASS MAIL

Vanguard Car Rental Group, Inc.
c/o National Corporate Research,Ltd.
615 South DuPont Highway
Dover DE 19901

Re: [redacted]

Dear Sirs,

We represent the family of [redacted] who was the victim of a fatal collision on February 24, 2007 in Saint Croix County, Wisconsin. The vehicle is a 2007 Dodge Caravan, which was rented from National Car Rental, Rental No. [redacted] VIN Number 1D4GP24R67B[redacted] Illinois License Plate number [redacted]. It is currently in the possession of Jerry's Towing, in Roberts, Wisconsin, during the pendency of the Wisconsin State Patrol's investigation.

Please be advised that we are considering a products liability lawsuit, and are accordingly requesting that you preserve the vehicle, and not tamper with or destroy the vehicle. We will consider any act of destruction or tampering to be spoliation of evidence.

Please contact me at your earliest opportunity so that we may discuss the entry of an appropriate protective order.

Sincerely,

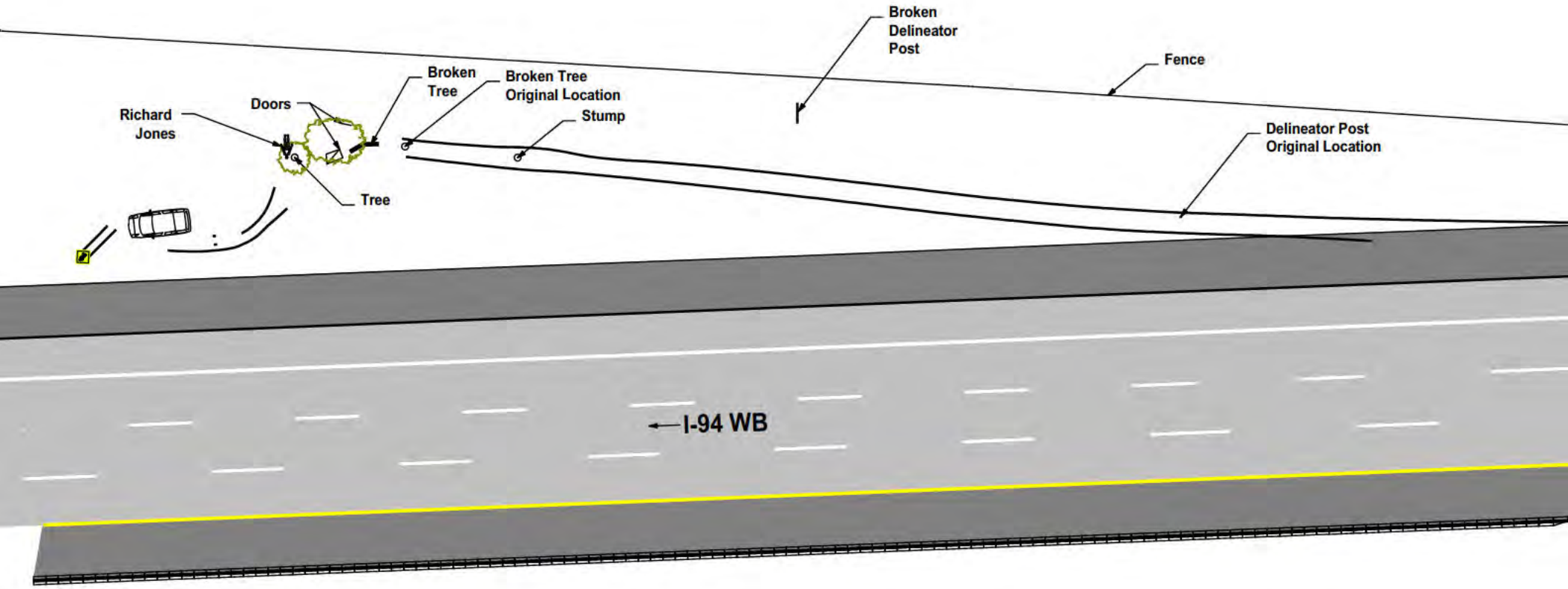
Andrey B. Filipowicz

ABF/abm

cc: Jerry's Towing

*ALSO LICENSED IN INDIANA **ALSO LICENSED IN MISSOURI

TOTAL P.01



Wisconsin State Patrol - Technical Reconstruction Unit

Scale Diagram

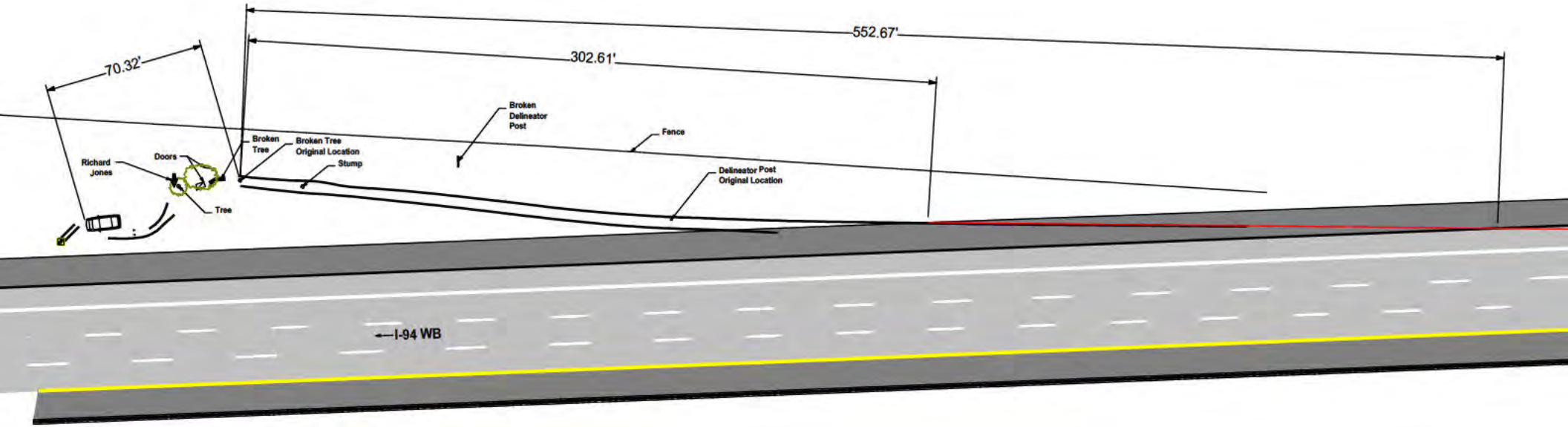
Measured By: Trooper Young
Trooper Traynor
Drawn By: Trooper Young
Date of Crash: February 24, 2007
Time of Crash: 5:55 AM
WSP Incident #[redacted]
Location: I-94 WB, MP 2
Municipality: City of Hudson
County: St. Croix

N

Approximate

0 25 50 100 FT.

SCALE



Wisconsin State Patrol - Technical Reconstruction Unit

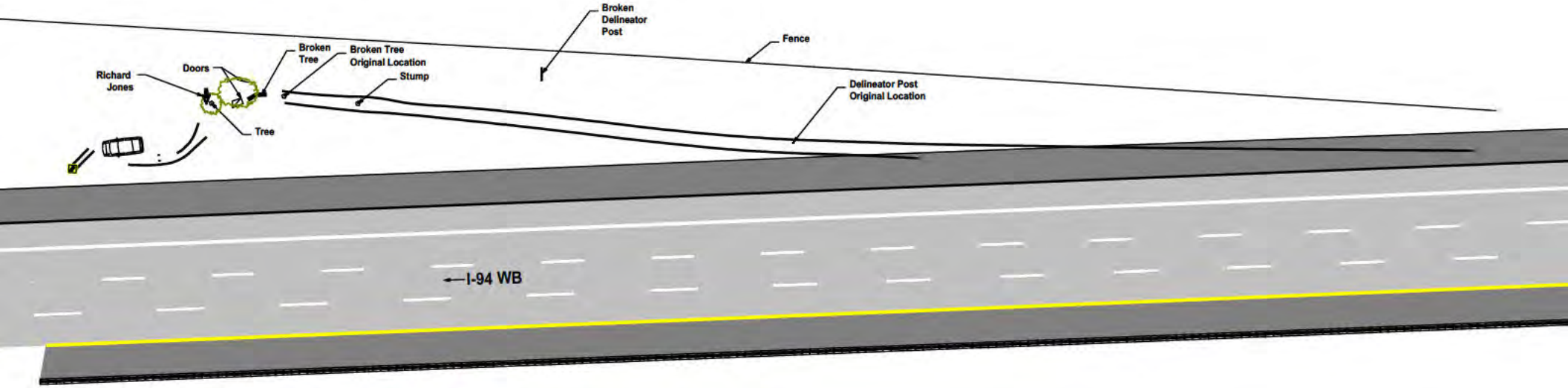
Scale Diagram

Measured By: Trooper Young
Trooper Traynor
Drawn By: Trooper Young
Date of Crash: [redacted]ry 24, 2007
Time of Crash: [redacted]
WSP Incident [redacted]
Location: [redacted] 2
Municipal ty: City of Hudson
County: St. Croix

N
Approximate

0 25 50 100 FT.

SCALE



Wisconsin State Patrol - Technical Reconstruction Unit

Scale Diagram

Measured By: Trooper Young
Trooper Traynor
Drawn By: Trooper Young
Date of Crash: February 24, 2007
Time of Crash: 5:55 AM
WSP Incident #: [redacted] 2
Location:
Municipality: City of Hudson
County: St. Croix

N
Approximate

0 25 50 100 FT.

SCALE

WISCONSIN STATE PATROL DATA COLLECTION REPORT

Prj/Incident: 079509 Time: 10.0204
TS Operator: KAY Temp: 30.0
Survey Date: 2007.0224 Pressure: 29.00

OS: 1 IH: 4.850
N: 0.000 Pcode:CP1
E: 0.000 PD: OS
ELE: 0.000

BS: 2 SH: 5.550 HA: 0.001
N: 47.780 Pcode:CP2 VT: 95.492
E: 0.000 PD: BS DS: 48.030
ELE: -5.575

PN:100 SH:0.600 Pcode:TM1 PD: TM
HA:88.542 VA: 90.264 SD: 421.230
N: 8.050 E: 421.140 ELE:0.980 CM:
PN:101 SH:0.600 Pcode:TM1 PD: TM
HA:88.394 VA: 90.335 SD: 364.570
N: 8.510 E: 364.450 ELE:0.670 CM:
PN:102 SH:0.600 Pcode:TM1 PD: TM
HA:88.175 VA: 90.420 SD: 305.340
N: 9.070 E: 305.180 ELE:0.515 CM:
PN:103 SH:0.600 Pcode:TM1 PD: TM
HA:87.530 VA: 90.505 SD: 262.950
N: 9.710 E: 262.740 ELE:0.355 CM:
PN:104 SH:0.600 Pcode:TM1 PD: TM
HA:87.124 VA: 91.075 SD: 216.540
N: 10.530 E: 216.240 ELE:-0.025 CM:
PN:105 SH:0.600 Pcode:TM1 PD: TM
HA:86.232 VA: 91.282 SD: 184.100
N: 11.590 E: 183.680 ELE:-0.475 CM:
PN:106 SH:0.600 Pcode:TM1 PD: TM
HA:85.215 VA: 92.032 SD: 157.450
N: 12.720 E: 156.830 ELE:-1.400 CM:
PN:107 SH:0.600 Pcode:TM1 PD: TM
HA:82.594 VA: 93.114 SD: 125.890
N: 15.330 E: 124.760 ELE:-2.765 CM:
PN:108 SH:0.600 Pcode:TM1 PD: TM
HA:78.484 VA: 94.501 SD: 97.150
N: 18.780 E: 94.960 ELE:-3.940 CM:
PN:109 SH:0.600 Pcode:TM1 PD: TM
HA:69.261 VA: 97.462 SD: 65.090
N: 22.650 E: 60.380 ELE:-4.555 CM:
PN:110 SH:0.600 Pcode:TM1 PD: TM
HA:59.281 VA: 100.373 SD: 48.770
N: 24.350 E: 41.290 ELE:-4.745 CM:
PN:111 SH:0.600 Pcode:TM1 PD: TM
HA:44.414 VA: 104.230 SD: 37.090
N: 25.540 E: 25.270 ELE:-4.965 CM:
PN:112 SH:0.600 Pcode:TM1 PD: TM
HA:23.022 VA: 107.140 SD: 31.540

```
        N: 27.720     E:    11.790      ELE:-5.095    CM:
PN:113  SH:0.600      Pcode:TM1         PD: TM
        HA:355.361    VA:   108.351     SD: 30.000
        N: 28.350     E:    -2.180      ELE:-5.310    CM:
PN:114  SH:0.600      Pcode:TM1         PD: TM
        HA:329.172    VA:   105.422     SD: 35.690
        N: 29.540     E:    -17.550     ELE:-5.410    CM:
PN:115  SH:0.600      Pcode:TM1         PD: TM
        HA:322.536    VA:   104.132     SD: 39.090
        N: 30.230     E:    -22.860     ELE:-5.355    CM:
PN:116  SH:0.600      Pcode:TM2         PD: TM
        HA:319.363    VA:   105.384     SD: 35.130
        N: 25.770     E:    -21.920     ELE:-5.225    CM:
PN:117  SH:0.600      Pcode:TM2         PD: TM
        HA:11.560     VA:   111.054     SD: 25.000
        N: 22.820     E:    4.820       ELE:-4.745    CM:
PN:118  SH:0.600      Pcode:TM2         PD: TM
        HA:41.363     VA:   107.054     SD: 30.540
        N: 21.830     E:    19.380      ELE:-4.730    CM:
PN:119  SH:0.600      Pcode:TM2         PD: TM
        HA:69.352     VA:   98.462      SD: 54.440
        N: 18.760     E:    50.420      ELE:-4.050    CM:
PN:120  SH:0.600      Pcode:TM2         PD: TM
        HA:79.043     VA:   95.150      SD: 81.880
        N: 15.460     E:    80.060      ELE:-3.245    CM:
PN:121  SH:0.600      Pcode:TM2         PD: TM
        HA:83.290     VA:   93.152      SD: 108.000
        N: 12.240     E:    107.130     ELE:-1.880    CM:
PN:122  SH:0.600      Pcode:TM2         PD: TM
        HA:85.376     VA:   92.095      SD: 129.860
        N: 9.880      E:    129.390     ELE:-0.650    CM:
PN:123  SH:0.600      Pcode:TM2         PD: TM
        HA:86.473     VA:   91.364      SD: 147.600
        N: 8.260      E:    147.310     ELE:0.100     CM:
PN:124  SH:0.600      Pcode:TM2         PD: TM
        HA:87.333     VA:   91.221      SD: 167.870
        N: 7.150      E:    167.670     ELE:0.240     CM:
PN:125  SH:0.600      Pcode:TM2         PD: TM
        HA:88.064     VA:   91.111      SD: 192.300
        N: 6.340      E:    192.150     ELE:0.275     CM:
PN:126  SH:0.600      Pcode:TM2         PD: TM
        HA:88.361     VA:   91.022      SD: 214.020
        N: 5.220      E:    213.920     ELE:0.370     CM:
PN:127  SH:0.600      Pcode:EA1         PD: EA
        HA:87.583     VA:   90.282      SD: 420.480
        N: 14.860     E:    420.200     ELE:0.795     CM:
PN:128  SH:0.600      Pcode:EA1         PD: EA
        HA:88.003     VA:   90.472      SD: 280.110
        N: 9.730      E:    279.920     ELE:0.395     CM:
PN:129  SH:0.600      Pcode:EA1         PD: EA
        HA:88.055     VA:   91.112      SD: 191.130
        N: 6.340      E:    190.990     ELE:0.285     CM:
PN:130  SH:0.600      Pcode:EA1         PD: EA
        HA:88.495     VA:   93.105      SD: 73.360
        N: 1.500      E:    73.230      ELE:0.180     CM:
PN:131  SH:0.600      Pcode:EA1         PD: EA
        HA:265.316    VA:   97.555      SD: 31.040
```

```
        N: -2.390     E:    -30.650     ELE:-0.030    CM:
PN:132  SH:0.600      Pcode:EA1         PD: EA
        HA:267.001    VA:   92.373      SD: 99.050
        N: -5.170     E:    -98.810     ELE:-0.285    CM:
PN:133  SH:0.600      Pcode:EA1         PD: EA
        HA:267.152    VA:   91.493      SD: 151.360
        N: -7.240     E:    -151.110    ELE:-0.570    CM:
PN:134  SH:0.600      Pcode:EA2         PD: EA
        HA:262.291    VA:   91.406      SD: 152.140
        N: -19.880    E:    -150.770    ELE:-0.220    CM:
PN:135  SH:0.600      Pcode:EA2         PD: EA
        HA:95.524     VA:   92.121      SD: 97.310
        N: -9.960     E:    96.720      ELE:0.510     CM:
PN:136  SH:0.600      Pcode:EA2         PD: EA
        HA:89.510     VA:   90.311      SD: 373.000
        N: 0.970      E:    372.980     ELE:0.870     CM:
PN:137  SH:0.600      Pcode:PAVM1       PD: W FOG
        HA:90.490     VA:   90.225      SD: 443.740
        N: -6.330     E:    443.690     ELE:1.310     CM:
PN:138  SH:0.600      Pcode:PAVM1       PD: W FOG
        HA:102.002    VA:   92.001      SD: 97.260
        N: -20.220    E:    95.070      ELE:0.850     CM:
PN:139  SH:0.600      Pcode:PAVM1       PD: W FOG
        HA:259.031    VA:   91.295      SD: 158.490
        N: -30.080    E:    -155.560    ELE:0.110     CM:
PN:140  SH:0.600      Pcode:POST1       PD: SGN MERGE
        HA:275.205    VA:   95.102      SD: 69.340
        N: 6.430      E:    -68.750     ELE:-2.000    CM:
PN:141  SH:0.600      Pcode:POST2       PD: SGN MERGE
        HA:273.373    VA:   94.435      SD: 68.830
        N: 4.340      E:    -68.460     ELE:-1.425    CM:
PN:142  SH:0.600      Pcode:SGN1        PD: SGN MERGE
        HA:274.544    VA:   91.530      SD: 93.160
        N: 7.970      E:    -92.770     ELE:1.190     CM:
PN:143  SH:0.600      Pcode:SGN1        PD: SGN MERGE
        HA:270.063    VA:   92.233      SD: 100.600
        N: 0.190      E:    -100.510    ELE:0.055     CM:
PN:144  SH:0.600      Pcode:SGN1        PD: SGN MERGE
        HA:270.512    VA:   92.384      SD: 102.200
        N: 1.530      E:    -102.080    ELE:-0.465    CM:
PN:145  SH:0.600      Pcode:SGN1        PD: SGN MERGE
        HA:275.215    VA:   91.501      SD: 95.290
        N: 8.910      E:    -94.830     ELE:1.195     CM:
PN:146  SH:0.600      Pcode:TM3         PD: TM
        HA:272.033    VA:   93.535      SD: 80.350
        N: 2.880      E:    -80.110     ELE:-1.210    CM:
PN:147  SH:0.600      Pcode:TM3         PD: TM
        HA:272.183    VA:   94.222      SD: 69.220
        N: 2.780      E:    -68.960     ELE:-1.030    CM:
PN:148  SH:0.600      Pcode:TM3         PD: TM
        HA:274.351    VA:   95.246      SD: 61.350
        N: 4.880      E:    -60.880     ELE:-1.540    CM:
PN:149  SH:0.600      Pcode:TM3         PD: TM
        HA:280.123    VA:   97.254      SD: 55.890
        N: 9.820      E:    -54.540     ELE:-2.975    CM:
PN:150  SH:0.600      Pcode:TM3         PD: TM
        HA:284.291    VA:   98.486      SD: 53.260
```

```
        N: 13.170     E:    -50.960     ELE:-3.915    CM:
PN:151  SH:0.600      Pcode:TM4         PD: TM
        HA:288.421    VA:   99.205      SD: 57.770
        N: 18.280     E:    -53.990     ELE:-5.130    CM:
PN:152  SH:0.600      Pcode:TM4         PD: TM
        HA:282.412    VA:   97.551      SD: 58.130
        N: 12.650     E:    -56.170     ELE:-3.760    CM:
PN:153  SH:0.600      Pcode:TM4         PD: TM
        HA:278.182    VA:   96.322      SD: 60.630
        N: 8.700      E:    -59.610     ELE:-2.655    CM:
PN:154  SH:0.600      Pcode:TM4         PD: TM
        HA:276.282    VA:   95.524      SD: 62.780
        N: 7.040      E:    -62.050     ELE:-2.180    CM:
PN:155  SH:0.600      Pcode:DTRE1       PD: 10INCH
        HA:296.490    VA:   99.392      SD: 55.740
        N: 24.790     E:    -49.040     ELE:-5.100    CM:
PN:156  SH:0.600      Pcode:DTRE2       PD: 10INCH
        HA:315.232    VA:   103.351     SD: 41.850
        N: 28.960     E:    -28.570     ELE:-5.580    CM:
PN:157  SH:0.600      Pcode:DTRE2       PD: 10INCH
        HA:313.300    VA:   100.234     SD: 42.630
        N: 28.860     E:    -30.420     ELE:-3.440    CM:
PN:158  SH:0.600      Pcode:DTRE2       PD: 10INCH
        HA:311.333    VA:   98.051      SD: 43.860
        N: 28.810     E:    -32.490     ELE:-1.920    CM:
PN:159  SH:0.600      Pcode:DTRE2       PD: 10INCH
        HA:307.131    VA:   96.531      SD: 45.000
        N: 27.020     E:    -35.570     ELE:-1.145    CM:
PN:160  SH:0.600      Pcode:XYZ1        PD: STUMP
        HA:321.545    VA:   104.141     SD: 36.990
        N: 28.220     E:    -22.120     ELE:-4.845    CM:
PN:161  SH:0.600      Pcode:XYZ2        PD: STUMP
        HA:11.522     VA:   109.110     SD: 27.530
        N: 25.440     E:    5.350       ELE:-4.795    CM:
PN:162  SH:0.600      Pcode:POST3       PD: D POST
        HA:65.173     VA:   96.294      SD: 81.670
        N: 33.920     E:    73.720      ELE:-4.990    CM:
PN:163  SH:0.600      Pcode:POST3       PD: D POST
        HA:62.041     VA:   95.581      SD: 83.820
        N: 39.050     E:    73.660      ELE:-4.470    CM:
PN:164  SH:0.600      Pcode:POST4       PD: D POST
        HA:86.112     VA:   91.363      SD: 167.730
        N: 11.150     E:    167.290     ELE:-0.455    CM:
PN:165  SH:0.600      Pcode:XYZ3        PD: FENCE
        HA:86.561     VA:   89.584      SD: 429.190
        N: 22.950     E:    428.570     ELE:4.410     CM:
PN:166  SH:0.600      Pcode:XYZ3        PD: FENCE
        HA:69.456     VA:   92.195      SD: 124.290
        N: 42.950     E:    116.530     ELE:-0.800    CM:
PN:167  SH:0.600      Pcode:XYZ3        PD: FENCE
        HA:340.140    VA:   96.173      SD: 54.080
        N: 50.590     E:    -18.180     ELE:-1.675    CM:
PN:168  SH:0.600      Pcode:XYZ3        PD: FENCE
        HA:284.224    VA:   90.472      SD: 257.940
        N: 64.040     E:    -249.830    ELE:0.700     CM:
PN:169  SH:0.600      Pcode:VEH1        PD: VEH
        HA:279.393    VA:   96.224      SD: 76.880
```

```
        N: 12.820     E:    -75.320     ELE:-4.290    CM:
PN:170  SH:0.600      Pcode:VEH1        PD: VEH
        HA:277.514    VA:   95.474      SD: 75.570
        N: 10.280     E:    -74.480     ELE:-3.380    CM:
PN:171  SH:0.600      Pcode:VEH1        PD: VEH
        HA:275.473    VA:   95.083      SD: 75.550
        N: 7.590      E:    -74.860     ELE:-2.520    CM:
PN:172  SH:0.600      Pcode:VEH1        PD: VEH
        HA:274.571    VA:   94.482      SD: 78.640
        N: 6.770      E:    -78.080     ELE:-2.340    CM:AXLE
PN:173  SH:0.600      Pcode:VEH1        PD: VEH
        HA:274.484    VA:   94.432      SD: 82.700
        N: 6.910      E:    -82.130     ELE:-2.560    CM:
PN:174  SH:0.600      Pcode:VEH1        PD: VEH
        HA:273.584    VA:   94.155      SD: 88.500
        N: 6.120      E:    -88.050     ELE:-2.330    CM:AXLE
PN:175  SH:0.600      Pcode:VEH1        PD: VEH
        HA:274.565    VA:   91.525      SD: 90.110
        N: 7.770      E:    -89.720     ELE:1.290     CM:
PN:176  SH:0.600      Pcode:XYZ4        PD: BODY
        HA:299.255    VA:   99.460      SD: 59.410
        N: 28.770     E:    -50.990     ELE:-5.830    CM:
PN:177  SH:0.600      Pcode:VEH2        PD: DOOR SLIDER
        HA:304.225    VA:   102.103     SD: 46.290
        N: 25.550     E:    -37.340     ELE:-5.510    CM:
PN:178  SH:0.600      Pcode:VEH2        PD: DOOR SLIDER
        HA:305.563    VA:   99.472      SD: 47.810
        N: 27.650     E:    -38.140     ELE:-3.875    CM:
PN:179  SH:0.600      Pcode:VEH2        PD: DOOR SLIDER
        HA:300.095    VA:   101.255     SD: 48.670
        N: 23.970     E:    -41.240     ELE:-5.395    CM:
PN:180  SH:0.600      Pcode:VEH2        PD: DOOR SLIDER
        HA:302.284    VA:   98.213      SD: 49.600
        N: 26.350     E:    -41.400     ELE:-2.960    CM:
PN:181  SH:0.600      Pcode:VEH3        PD: DOOR RF
        HA:313.284    VA:   98.493      SD: 49.230
        N: 33.470     E:    -35.300     ELE:-3.305    CM:
PN:182  SH:0.600      Pcode:VEH3        PD: DOOR RF
        HA:312.042    VA:   99.081      SD: 51.250
        N: 33.910     E:    -37.560     ELE:-3.890    CM:
PN:183  SH:0.600      Pcode:PAVM2       PD: CL
        HA:92.433     VA:   90.225      SD: 416.950
        N: -19.830    E:    416.470     ELE:1.480     CM:
PN:184  SH:0.600      Pcode:PAVM2       PD: CL
        HA:97.305     VA:   90.483      SD: 213.680
        N: -27.940    E:    211.830     ELE:1.230     CM:
PN:185  SH:0.600      Pcode:PAVM2       PD: CL
        HA:250.291    VA:   91.431      SD: 122.280
        N: -40.830    E:    -115.200    ELE:0.580     CM:
PN:186  SH:0.600      Pcode:PAVM3       PD: CL
        HA:245.161    VA:   91.333      SD: 126.670
        N: -52.970    E:    -115.010    ELE:0.805     CM:
PN:187  SH:0.600      Pcode:PAVM3       PD: CL
        HA:104.432    VA:   90.586      SD: 165.560
        N: -42.070    E:    160.100     ELE:1.410     CM:
PN:188  SH:0.600      Pcode:PAVM3       PD: CL
        HA:94.282     VA:   90.214      SD: 412.340
```

```
        N: -32.160    E:    411.080     ELE:1.660     CM:
PN:189  SH:0.600      Pcode:PAVM4       PD: Y FOG
        HA:95.495     VA:   90.223      SD: 423.770
        N: -43.040    E:    421.570     ELE:1.480     CM:
PN:190  SH:0.600      Pcode:PAVM4       PD: Y FOG
        HA:101.562    VA:   90.413      SD: 243.830
        N: -50.440    E:    238.540     ELE:1.310     CM:
PN:191  SH:0.600      Pcode:PAVM4       PD: Y FOG
        HA:239.495    VA:   91.373      SD: 127.870
        N: -64.240    E:    -110.510    ELE:0.625     CM:
PN:192  SH:0.600      Pcode:XYZ5        PD: CONCRETE WALL
        HA:235.235    VA:   90.332      SD: 137.090
        N: -77.850    E:    -112.840    ELE:2.920     CM:
PN:193  SH:0.600      Pcode:XYZ5        PD: CONCRETE WALL
        HA:103.594    VA:   90.094      SD: 262.630
        N: -63.510    E:    254.830     ELE:3.515     CM:
PN:194  SH:0.600      Pcode:XYZ5        PD: CONCRETE WALL
        HA:97.472     VA:   90.055      SD: 421.610
        N: -57.150    E:    417.720     ELE:3.550     CM:
PN:195  SH:5.550      Pcode:CP3         PD: BS
        HA:0.003      VA:   95.495      SD: 48.030
        N: 47.790     E:    0.010       ELE:-5.580    CM:
```

```
1,0.000,0.000,0.000,CP1
2,47.780,0.000,-5.575,CP2
100,8.050,421.140,0.980,TM1
101,8.510,364.450,0.670,TM1
102,9.070,305.180,0.515,TM1
103,9.710,262.740,0.355,TM1
104,10.530,216.240,-0.025,TM1
105,11.590,183.680,-0.475,TM1
106,12.720,156.830,-1.400,TM1
107,15.330,124.760,-2.765,TM1
108,18.780,94.960,-3.940,TM1
109,22.650,60.380,-4.555,TM1
110,24.350,41.290,-4.745,TM1
111,25.540,25.270,-4.965,TM1
112,27.720,11.790,-5.095,TM1
113,28.350,-2.180,-5.310,TM1
114,29.540,-17.550,-5.410,TM1
115,30.230,-22.860,-5.355,TM1
116,25.770,-21.920,-5.225,TM2
117,22.820,4.820,-4.745,TM2
118,21.830,19.380,-4.730,TM2
119,18.760,50.420,-4.050,TM2
120,15.460,80.060,-3.245,TM2
121,12.240,107.130,-1.880,TM2
122,9.880,129.390,-0.650,TM2
123,8.260,147.310,0.100,TM2
124,7.150,167.670,0.240,TM2
125,6.340,192.150,0.275,TM2
126,5.220,213.920,0.370,TM2
127,14.860,420.200,0.795,EA1
128,9.730,279.920,0.395,EA1
129,6.340,190.990,0.285,EA1
130,1.500,73.230,0.180,EA1
131,-2.390,-30.650,-0.030,EA1
132,-5.170,-98.810,-0.285,EA1
133,-7.240,-151.110,-0.570,EA1
134,-19.880,-150.770,-0.220,EA2
135,-9.960,96.720,0.510,EA2
136,0.970,372.980,0.870,EA2
137,-6.330,443.690,1.310,PAVM1
138,-20.220,95.070,0.850,PAVM1
139,-30.080,-155.560,0.110,PAVM1
140,6.430,-68.750,-2.000,POST1
141,4.340,-68.460,-1.425,POST2
142,7.970,-92.770,1.190,SGN1
143,0.190,-100.510,0.055,SGN1
144,1.530,-102.080,-0.465,SGN1
145,8.910,-94.830,1.195,SGN1
146,2.880,-80.110,-1.210,TM3
147,2.780,-68.960,-1.030,TM3
148,4.880,-60.880,-1.540,TM3
149,9.820,-54.540,-2.975,TM3
150,13.170,-50.960,-3.915,TM3
```

151,18.280,-53.990,-5.130,TM4
152,12.650,-56.170,-3.760,TM4
153,8.700,-59.610,-2.655,TM4
154,7.040,-62.050,-2.180,TM4
155,24.790,-49.040,-5.100,DTRE1
156,28.960,-28.570,-5.580,DTRE2
157,28.860,-30.420,-3.440,DTRE2
158,28.810,-32.490,-1.920,DTRE2
159,27.020,-35.570,-1.145,DTRE2
160,28.220,-22.120,-4.845,XYZ1
161,25.440,5.350,-4.795,XYZ2
162,33.920,73.720,-4.990,POST3
163,39.050,73.660,-4.470,POST3
164,11.150,167.290,-0.455,POST4
165,22.950,428.570,4.410,XYZ3
166,42.950,116.530,-0.800,XYZ3
167,50.590,-18.180,-1.675,XYZ3
168,64.040,-249.830,0.700,XYZ3
169,12.820,-75.320,-4.290,VEH1
170,10.280,-74.480,-3.380,VEH1
171,7.590,-74.860,-2.520,VEH1
172,6.770,-78.080,-2.340,VEH1
173,6.910,-82.130,-2.560,VEH1
174,6.120,-88.050,-2.330,VEH1
175,7.770,-89.720,1.290,VEH1
176,28.770,-50.990,-5.830,XYZ4
177,25.550,-37.340,-5.510,VEH2
178,27.650,-38.140,-3.875,VEH2
179,23.970,-41.240,-5.395,VEH2
180,26.350,-41.400,-2.960,VEH2
181,33.470,-35.300,-3.305,VEH3
182,33.910,-37.560,-3.890,VEH3
183,-19.830,416.470,1.480,PAVM2
184,-27.940,211.830,1.230,PAVM2
185,-40.830,-115.200,0.580,PAVM2
186,-52.970,-115.010,0.805,PAVM3
187,-42.070,160.100,1.410,PAVM3
188,-32.160,411.080,1.660,PAVM3
189,-43.040,421.570,1.480,PAVM4
190,-50.440,238.540,1.310,PAVM4
191,-64.240,-110.510,0.625,PAVM4
192,-77.850,-112.840,2.920,XYZ5
193,-63.510,254.830,3.515,XYZ5
194,-57.150,417.720,3.550,XYZ5
195,47.790,0.010,-5.580,CP3

LIMITED RECONSTRUCTION ANALYSIS

CASE NUMBER: 2007-47-NWR

EAU CLAIRE POST CASE NUMBER: 07-9509

REPORTING RECONSTRUCTIONIST: Trooper Keith A. Young

CRASH TYPE: Class II

(608) 269-2500
March 21, 2007

- FORWARD -

Crash Reconstruction is a comprehensive subject with many facets and specialty fields. The primary responsibility of the investigation is to document and preserve all available physical evidence. The following reconstruction is limited to the subjects stated herein. The author and the Wisconsin State Patrol reserve the right to conduct a more extensive analysis of the available material on a later date as necessity dictates.

Evidence Collection / Forensic Mapping / Scaled Scene Diagram

- ***Request for Assistance:***

On the morning of February 24, 2007, I received a phone call from the State Patrol's Eau Claire Post dispatch center requesting my assistance at the scene of a one-vehicle traffic crash with two fatalities. I was advised that Trooper William Traynor was on the scene. I contacted Trooper Traynor by cellular telephone, Trooper Traynor requested that I respond with the State Patrol's Geodimeter Total Station equipment and assist him with the forensic mapping of the crash scene. At approximately 8:40 am I responded to the scene.

- ***Initial Scene Examination:***

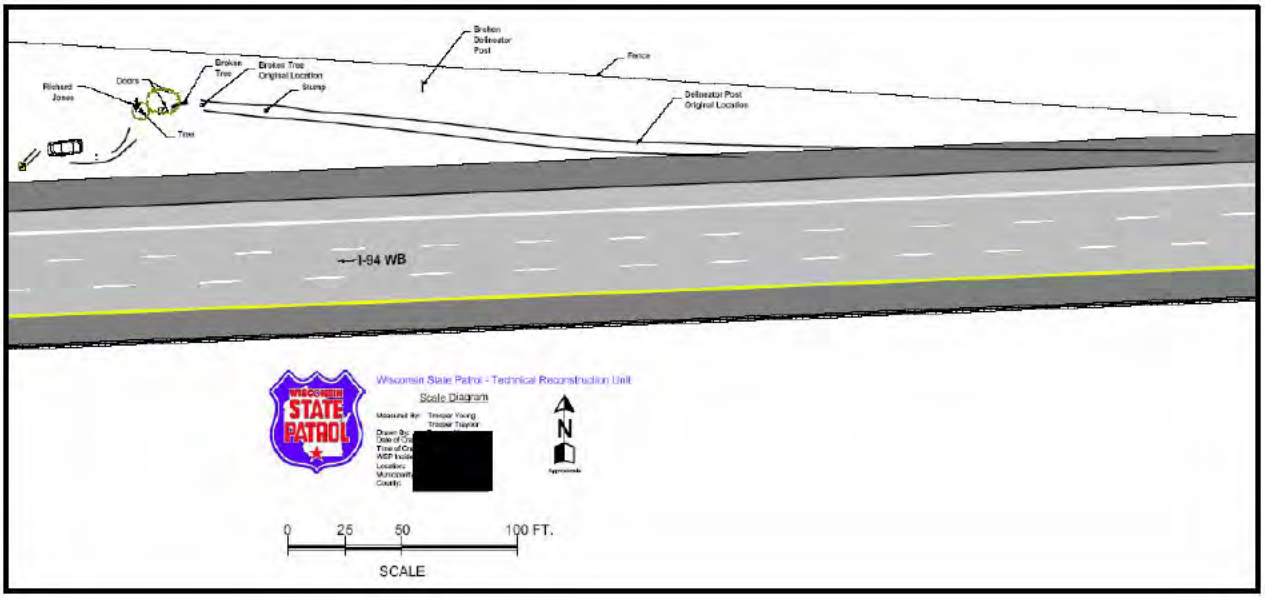
On February 24, 2007, at approximately 9:29 am I arrived on scene. The traffic lanes were wet with slush ridges between the lanes in areas. The shoulders and ditch were still snow/slush covered. Trooper Traynor and I reviewed the scene. Trooper Traynor pointed out the location of tire marks that he had identified as originating on the pavement in the westbound lane east of the crash scene. The tire marks continued into the north ditch breaking a delineator post, went over a stump and then into two trees; the first tree was broken off at the base and moved a short distance to the west. The vehicle came to rest in the ditch facing west. There were several items from the vehicle in the ditch including mats that had apparently been attached to the roof. The two doors from the right side of the vehicle were torn off the vehicle. The location of one of the deceased victims was marked in the ditch next to the second tree.

Forensic Mapping (Scene):

Trooper Traynor and I used the State Patrol's Geodimeter 610 Total Station to make detailed measurements of the crash scene, locating lane edges, tire marks, trees, fence, vehicle parts, sign posts, final rest position of the ejected passenger, and the vehicle involved in the collision.

- ***Scaled Scene Diagram:***

The measurements made at the scene were used in a computer aided drafting program (CAD) called Crash Zone to produce a forensic map of the crash scene.



- ***Autopsy***

On February 24, 2007, at approximately 12:18 pm Trooper Traynor and myself arrived at the Ramsey County Medical Examiners Office. We stood by while the autopsies were performed on the two deceased victims. The first was [redacted]. Victor Froloff M.D., Assistant Medical Examiner, advised me that [redacted] had multiple traumatic injuries including a closed head injury and did not appear to have been ejected. This was consistent with the information that I had at this point indicating that [redacted] was seated in the right front seat at the time of the crash. The second was [redacted]. Dr. Froloff advised me that [redacted] died as a result of a massive head injury and showed clear indications of being ejected. This was consistent with the ejected position that [redacted] was found in by responding officers.

Summary

The vehicle driven by [redacted] was westbound on I-94. Mr. [redacted] attempted to change lanes and lost control in the snow and slush. The [redacted] vehicle left the westbound lane of traffic and traveled approximately 372 feet in the north ditch striking a delineator post, a stump, two trees and two signposts before coming to rest. This is consistent with Mr. [redacted] having been driving too fast for the road conditions. As a result of the collision six occupants of the [redacted] vehicle were injured and two others received fatal injuries.

This area is intentionally blank

Respectfully submitted,

Keith A. Young
Accredited Crash Reconstruction Specialist
Technical Reconstruction Unit
Wisconsin State Patrol Academy

CRASH RECONSTRUCTION REPORT SUPPLEMENT
WISCONSIN STATE PATROL NORTHWEST REGION

CASE NUMBER: [redacted]
REPORTING INVESTIGATOR: Trooper William Traynor

CRASH TYPE: Fatal

(715) 839-3800

CASE CHRONOLOGY

Date of Activity

On Saturday, February 24, 2007 at approximately 6:25am, I was called out from my residence to respond to a fatal motor vehicle crash on I94 westbound at milepost 2 in the city of Hudson. I responded arriving on scene at 6:51am.

Trooper Curt Tomkowiak was the investigating officer and briefed me on circumstances of the crash. Tomkowiak advised that it was a one-vehicle crash involving a collision with a tree and that one occupant of the vehicle was deceased on scene. He further advised that another passenger was critical and had been transported to Regions Hospital in St. Paul, Minnesota. I was told there were a total of 8 occupants in the vehicle and the remaining injured had been transported to the Hudson Hospital including the driver. Tpr. Tomkowiak informed me the occupants were members of an acrobatic team going to a competition meet in Fargo North Dakota.

I asked Tpr. Tomkowiak if he had an opportunity to speak with the driver. He stated he had spoken with him briefly prior to being transported from the scene and that it did not appear that he was impaired. I advised Tomkowiak to respond to the Hudson Hospital and interview the operator and obtain a voluntary blood sample. *Inspector Jean Moody* was also on-scene and remained with me. She stated that the driver made a statement to her that he lost control of the vehicle after experiencing a gust of wind that forced the vehicle to the ditch resulting in his collision with the tree. I requested that Moody also photograph the scene.

In inspecting the scene, I observed two straight tire marks that entered the ditch from the westbound lane and descended into the right ditch that is banked. Tracks continue westbound directly over the location of a smashed tree stump. Vehicle continues to track westerly again over the location of another smashed tree. About 10 feet west of this obliterated stump was a tree that had been broken off at the base from what appeared to be the impact with the vehicle. This tree, which was about 20 feet tall with a trunk diameter of about 20 inches, also had bark separation about 6 feet from the base.

There were several other trees in this immediate area and it appeared the vehicle tracked along the outer south edge of the trees before coming to a final rest facing west in the ditch about 30 feet from the collision with the tree. In the concentration of these trees, there was a deceased male lying supine in a southerly direction. Victim had been covered up with a sheet that I removed to view the position of the victim. I also noted large gym mats that were strewn around the scene along with yellow tie-down straps. There was also a small trampoline that along with the mats, appeared to have separated from the vehicle at impact. It was obvious that these mats and trampoline had been secured to the roof of the van with the tie down straps.

The vehicle was a white Dodge Grand Caravan displaying Illinois registration [redacted] and was positioned facing west on a grade along the ditch line, just west of the trees. Vehicle had major frontal damage that appeared to be consistent with impacting the tree(s). There was also major damage to the right passenger side of the van resulting in the passenger front door and passenger sliding rear door to separate from the vehicle. This appeared to be the result of the impacting the separated tree. These two doors were located near the trees from the initial impact. Windshield had dislodged from the vehicle and was on the ground to the rear of the vehicle. Both frontal airbags had not been deployed, except for a lower airbag on the driver seat. The tires (Goodyear Integrity) all had minimum of 8/32 inch tread and all but the passenger rear were inflated. This rear tire had a deformed rim as the result of impact sustained on that side of the vehicle. Located inside of the driver compartment was a printout from MAPQUEST for travel directions from Chicago, Illinois to Fargo, North Dakota.

St. Croix County Dep. Medical Examiner Patty Schahtz responded to the scene. In the viewing the body of the deceased, I noted that it appeared to be a young male with major had trauma. There was brain matter on the ground near the body.

ME Schahtz pronounced the victim deceased at 7:15am. Victim was subsequently transported to the Ramsey County ME's Office for an autopsy. Trooper Tomkowiak advised me that the victim that had been transported to Regions Hospital had died from his injuries.

I requested *TRU Reconstructionist Trooper Keith Young* respond to the scene with the Total Station to forensically map the scene. *Inspector Dan Diedrich* also responded to the scene. I asked Insp. Diedrich to use his squad in-car video camera to record the approach to the crash scene from the westbound lane of I94. This recoding was subsequently turned over to me.

Trooper Young arrived on-scene at approximately 9:30am. Young and myself mapped the roadway profile including damaged signs; tire marks, vehicle/parts, trees and final rest of body. Upon completion of the mapping, Vehicle was towed from the scene by Jerry's Towing (Ben Cook) and transported to their facility in Roberts (Jct of I94/STH 65). Trooper Tomkowiak and Inspector Diedrich responded to the Hudson Hospital to conduct a detailed interview of the driver. Trooper Young and myself responded to the Ramsey County Medical Examiners Office in St. Paul to attend the Post on both fatalities.

At about 12:18pm, Trooper Young and I went to the Medical Examiners Office. There I spoke with the investigator confirming the two deceased occupants identification as:

[redacted]

[redacted] had an Illinois photo driver license which I obtained a copy of. [redacted] was identified from information from the driver of the vehicle. Young and I attended the Post on both deceased that was conducted by *Dr. Victor Froloff*. Dr. Froloff described that both occupants died of head injuries associated with blunt trauma. A summary of the ME's report was going to be forwarded to Tpr Young.

On Wednesday March 7, 2007, I returned a phone message to Linda Compton of Alamo Rental Car (866.244.4222) regarding the release of their vehicle from Jerry's. I left a message advising Linda and also a message with Steve Gritton, that the vehicle could be released to their company as we were completed with the vehicle investigation.

William Traynor
Technical Crash Investigator
Wisconsin State Patrol
Northwest Region, Eau Claire Post

OFFENSE/INCIDENT REPORT SUPPLEMENT FILE Wisconsin Department of Transportation

[redacted]

Supplement Page Number 1 of 1 Page(s)

[redacted]st, MI	Offense Date 02/24/07	Report Number [redacted]

Narrative – Attach additional pages, if necessary

On the morning of February 24th, 2007 I was dispatched to a crash at about the mp2 milepost marker. I was informed by St. Croix county dispatch that the crash was a fatal. Upon arrival I started taking pictures of the scene.

Inspector Moody advised me the occupants had been transported to Hudson Hospital. Trooper Trainer arrived on scene and began taking pictures and advised me to go to the Hospital to get witness statements and a blood draw from the driver.

Upon arrival at Hudson Hospital I met with driver (later positively identified via finger prints) [redacted] I requested [redacted] give a voluntary blood sample. [redacted] complied and gave me a full statement as well as the blood sample. Montie told me the reason he crashed was because he was making a lane change and the "soft snow" sent his vehicle in to a kind of fish tail. [redacted] old me he tried to brake and the vehicle went side ways down the ditch line striking the trees. [redacted] told me after the collision, [redacted] ost consciousness for a moment. [redacted] stated when he woke up he ran to a gas station to call the police. I recorded the interview on tape. [redacted] told me he thought he was going about 55 mph.

I went to each of the occupants of the vehicle that were transported to Hudson Hospital. All the occupants claimed they were sleeping when the crash occurred. I transported [redacted] blood sample to the Hudson Post Office and I received a receipt for the package from the postal clerk. I went back to the Hudson scale to complete my report. I placed my used film in the mail later that day. The duty supervisor advised me that all the occupants from the vehicle were leaving the Hospital to go home to Chicago. I met with [redacted] at the Hospital and requested he come with me to the St. Croix County jail to be finger printed. I requested [redacted] be finger printed because I was unable to locate his identification card in the vehicle. [redacted] agreed and submitted to finger printing by a corrections officer at the St. Croix County Jail. [redacted] was positively identified with the fingerprints. I Issued [redacted] a citation for Operating without a valid driver's license and a citation for Driving to fast for conditions.

YES	NO	Evidence Control Number
☒	☐	Report Supplement
☐	☒	Controlled Substance Asset Forfeiture
☒	☐	Witness / Victim
☐	☒	Subject Management
☐	☒	Juvenile
☐	☒	Domestic Violence
☐	☒	Video Taped
☒	☐	Photos Taken

3/8/07
(Report Date)

On Duty
☒ Yes
☐ No

TPR. Tomkowiak
(Reporting Officer Name)

2450
(WSP #)

(Reviewed By)

(Review Date)

Court Officer Section

Disposition Date	Amended Charge	Section Number
Final Disposition		Evidence Disposition
Remarks		
Reported By – Print Last Name, First Name	WSP #	Date

Wisconsin Motor Vehicle [redacted]
Accident Report [redacted]

050206

POLICE # ACCIDENT # 07-009509

GENERAL INFORMATION

☒ Reportable Accident	☐ On Emergency	☐ Amended	DOT Document Number: C6MCHZS
Document Override Number:			
Agency Accident Number: [redacted]	Police Number:		
4 - Accident Date: 02/24/2007	5 - Time of Accident (Military Time): 0555	6 - Total Units: 01	7 - Total Injured: 06
8 - Total Killed: 02			
2 - County: ST. CROIX - 55	3 - Municipality: HUDSON - 60, CITY	11 - Accident Location: NON-INTERSECTION	
14 - On Hwy No.: 094	14 - On Street Name:	14 - Bus/Frnt/Rmp:	15 - Est. Dist: 0.50
Ft/Mi: M	15 - Hwy. Dir: WEST		
16 - Fr/At Hwy No.:	16 - From/At Street Name: MP2	16 - Business/Frontage/Ramp:	
17 - Structure Type:	17 - Structure Number:	12 - Latitude:	13 - Longitude: -
80 - First Harmful Event: TREE	93 - Manner of Collision: NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT		
112 - Access Control: NO CONTROL	119 - Road Curvature: STRAIGHT	113 - Road Terrain: LEVEL/FLAT	Surface Type: CONCRETE
115 - Traffic Way: DIVIDED-HIGHWAY-MEDIAN-STRIP-WITH-TRAFFIC-BARRIER			
117 - Relation To Roadway: OUTSIDE-SHOULDER-RIGHT			
114 - Light Condition: DARK-LIGHTED	116 - Road Surface Condition: SNOW/SLUSH	118 - Weather: SNOW	
9 ☐ Hit and Run	9 ☒ Government Property	9 ☐ Fire	9 ☒ Photos Taken
9 ☐ Trailer or Towed			
9 ☐ Truck Or Bus	9 ☐ Load Spillage	9 ☐ Construction Zone	9 ☐ Names Exchanged
101 ☒ Supplemental Reports	102 ☒ Witness Statements	103 ☒ Measurements Taken	79 - E M S Number:

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

Unit Status	81 - Most Harmful Event: Collision With: TREE	23 - Dir Of Travel: WEST	24 - Speed Limit: 65
36 - Operating as Classified: D CLASS	37 - Endorsements	35 ☐ Operating Commercial Motor Vehicle	
29 - Driver's License Number: B432544844350	30 - State: IL	31 - Expiration Year: 2006	34 - On Duty Accident:
25 - Operator/Pedestrian Last Name: BLEDSOE	25 - First Name: MONTIE	25 - Middle Initial: D	25 - Suffix:
32 - Date Of Birth: [redacted]	33 - Sex: MALE		
26 - Address Street & Number: [redacted]		28 - PO Box:	
27 - City: CHICAGO	27 - State: IL	27 - Zip Code: [redacted]	28 - Telephone Number:
39 - Seat Position: FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)	40 - Safety Equipment: SHOULDER-BELT-AND-LAP-BELT-USED		
38 - Injury Severity: B - NON-INCAPACITATING INJURY	41 - Airbag: NON-DEPLOYED	42 - Ejected: NOT-EJECTED	44 ☒ Medical Transport
43 - Trapped/Extricated: NOT-TRAPPED	92 - Pedestrian Location	92 - Pedestrian Action	
119 - What Driver Was Doing: CHANGING-LANES	120 - Traffic Control: NO-CONTROL	62 - No. of Citations Issued: 1	
64 - 1st Statute No.: 343.05(3)(A)	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.
64 - 5th Statute No.			
122 - Driver Factors: FAILURE-TO-HAVE-CONTROL			
88 - Driver or Pedestrian Factors: APPEARED NORMAL	89 - Substance Presence: UNKNOWN		
90 - Alcohol Test: TEST GIVEN, ALCOHOL UNKNOWN	90 - Alcohol Content	91 - Drug Test: TEST-GIVEN-DRUGS-UNKNOWN	

Wisconsin Motor Vehicle [redacted]
Accident Report [redacted]

050206

91 - Drugs Reported

124 - Highway Factors
SNOW,-ICE,-OR-WET

Vehicle

VEHICLE 01

21 - Unit Type: AUTOMOBILE
Vehicle Type: PASSENGER-CAR
22 - Total Occupants: 8

56 - License Plate Number: 6453778
57 - Plate Type: AUT
58 - State: IL
59 - Exp Year: 2007
55 - Vehicle Identification Number: 2G1WK151069260613

50 - Year: 2006
51 - Make: CHEV
52 - Model:
53 - Body Style: CP
54 - Color: WHI
100 - Skidmarks to Impact (Ft): 00

94 - Vehicle Damage
FRONT, FRONT PASSENGER SIDE, MIDDLE PASSENGER SIDE, REAR PASSENGER SIDE, FRONT DRIVER SIDE

95 - Extent Of Damage: VERY-SEVERE
96 ☒ Vehicle Towed Due To Damage
97 - Vehicle Removed By: DANS TOWING

123 - Vehicle Factors
NOT-APPLICABLE

Vehicle Owner

VEH OWNER 01

45 ☐ Vehicle Owner Same As Operator

46 - Vehicle Owner Last Name:
46 - First Name:
46 - Middle Initial:
48 - Suffix:

46 - Company Name: [redacted]
47 - PO Box:

48 - City: FRANKLIN PARK
48 - State: IL
[redacted]

Insurance

INS 01

63 - Liability Insurance Company: NONE
60 ☐ Policy Holder Same As Owner

61 - Policy Holder Last Name:
61 - Policy Holder First Name:

61 - Policy Holder Company:

School Bus

BUS 01

Bus Travelling to/from: ○ To ○ From
School Name:
Body Make:
Seating Capacity:

School District Contracted With:

Occupant

01

☐ Address Same As Operator

[redacted]
66 - First Name:
66 - Middle Initial: H
66 - Suffix:

Wisconsin Motor Vehicle [redacted]
Accident Report [redacted]

050206

OCCUPANT

66 - City CHICAGO		68 - State IL	[redacted]
67 - Date of Birth [redacted]		69 - Sex MALE	
71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)			72 - Safety Equipment RESTRAINT-USE-UNKNOWN
70 - Injury Severity K - FATAL INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 ☒ Medical Transport
76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space		

Occupant

OCCUPANT 02

☐ Address Same As Operator

65 - Unit No	66 - Occupant Last Name [redacted]	[redacted]	66 - Middle Initial M / 66 - Suffix
66 - City CHICAGO		68 - State IL	68 - Zip Code [redacted]
67 - Date of Birth [redacted]		69 - Sex MALE	
71 - Seat Position SECOND-SEAT-LEFT-SIDE-(MC/BIKE PASSENGER, TRAIN BREAKMA			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED
70 - Injury Severity B - NON-INCAPACITATING INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 ☒ Medical Transport
76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space		

Occupant

OCCUPANT 03

☐ Address Same As Operator

65 - Unit No	66 - Occupant Last Name [redacted]	66 - First Name [redacted]	66 - Middle Initial D / 66 - Suffix
66 - City CHICAGO		68 - State IL	68 - Zip Code [redacted]
67 - Date of Birth [redacted]		69 - Sex MALE	
71 - Seat Position SECOND-SEAT-MIDDLE			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED
70 - Injury Severity B - NON-INCAPACITATING INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 ☒ Medical Transport
76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space		

Occupant

OCCUPANT 04

☐ Address Same As Operator

[redacted]		66 - First Name [redacted]	66 - Middle Initial / 66 - Suffix
[redacted]		68 - PO Box	
66 - City CHICAGO		68 - State IL	68 - Zip Code [redacted]
67 - Date of Birth [redacted]		69 - Sex MALE	
71 - Seat Position SECOND-SEAT-RIGHT			72 - Safety Equipment RESTRAINT-USE-UNKNOWN
70 - Injury Severity K - FATAL INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected TOTALLY-EJECTED	77 ☐ Medical Transport
76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space		

Wisconsin Motor Vehicle [redacted]
Accident Report [redacted]

050208

Occupant

OCCUPANT 05

☐ Address Same As Operator

[redacted]	[redacted]	66 - Middle Initial: B	66 - Suffix:
[redacted]	68 - PO Box		
68 - City: CHICAGO	68 - State: IL	68 - Zip Code: [redacted]	
67 - Date of Birth: [redacted]	69 - Sex: MALE		
71 - Seat Position: THIRD-ROW-LEFT-SIDE-(SIDECAR: MOTORCYCLE PASSENGER)	72 - Safety Equipment: SHOULDER-BELT-AND-LAP-BELT-USED		
70 - Injury Severity: B - NON-INCAPACITATING INJURY	73 - Airbag: NON-DEPLOYED	75 - Ejected: NOT-EJECTED	77 ☒ Medical Transport
76 - Trapped/Extricated: NOT-TRAPPED	78 - Agency Space		

Occupant

OCCUPANT 06

☐ Address Same As Operator

[redacted]	[redacted]	66 - Middle Initial: K	66 - Suffix:
[redacted]	68 - PO Box		
68 - City: CHICAGO	68 - State: IL	[redacted]	
67 - Date of Birth: [redacted]	69 - Sex: MALE		
71 - Seat Position: THIRD-ROW-MIDDLE	72 - Safety Equipment: SHOULDER-BELT-AND-LAP-BELT-USED		
70 - Injury Severity: B - NON-INCAPACITATING INJURY	73 - Airbag: NON-DEPLOYED	75 - Ejected: NOT-EJECTED	77 ☒ Medical Transport
76 - Trapped/Extricated: NOT-TRAPPED	78 - Agency Space		

Occupant

OCCUPANT 07

☐ Address Same As Operator

65 - Unit No: [redacted]	66 - Occupant Last Name: [redacted]	66 - First Name: [redacted]	66 - Middle Initial:	66 - Suffix:
[redacted]	68 - PO Box		
68 - City: CHICAGO	68 - State: IL	68 - Zip Code: [redacted]	
67 - Date of Birth: [redacted]	69 - Sex: MALE		
71 - Seat Position: THIRD-ROW-RIGHT-SIDE	72 - Safety Equipment: SHOULDER-BELT-AND-LAP-BELT-USED		
70 - Injury Severity: B - NON-INCAPACITATING INJURY	73 - Airbag: NON-DEPLOYED	75 - Ejected: NOT-EJECTED	77 ☒ Medical Transport
76 - Trapped/Extricated: NOT-TRAPPED	78 - Agency Space		

Property

Organization Type	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
GOVERNMENT				

Wisconsin Motor Vehicle [redacted]
Accident Report [redacted]

050208

PROPERTY OWNER 01

84 - Company Name			Government Property Type
[redacted]			[redacted]
[redacted]		85 - PO Box	
86 - City EAU CLAIRE	88 - State WI	89 - Zip Code [redacted]	87 - Telephone Number
83 - Government Damage Tag Number [redacted]			

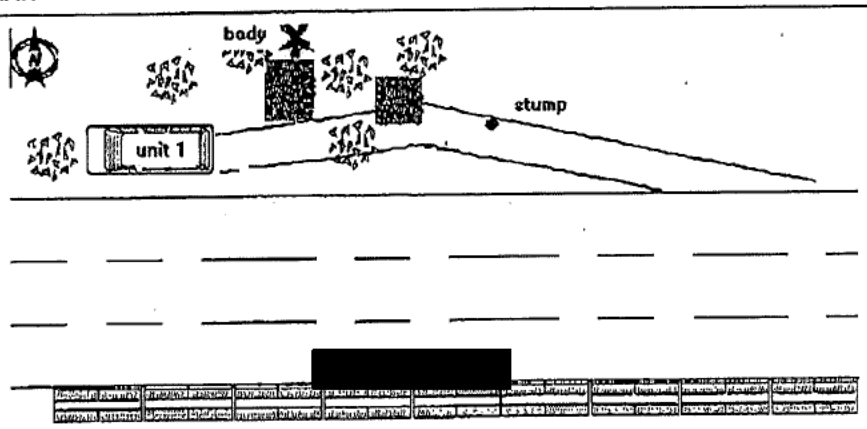
Fixed Objects Struck

82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck
1	TREE	1	TREE
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck

Diagram and Narrative

DIAGRAM AND NARRATIVE

105 - PHOTOS BY
TPR. TOMKOWIAK



Not to Scale

VEHICLE LEFT THE ROAD WAY AND TRAVELED DOWN THE DITCH NORTH OF THE INTERSTATE.....AS THE VEHICLE WAS TRAVELING DOWN THE THROUGH THE BOTTOM OF THE DITCH THE VEHICLE STUCK A TREE STUMP....THE VEHICLE CONTINUED TRAVELING WEST DOWN THE DITCH LINE...THE VEHICLE STRUCK A TREE...AFTER STRICKING THE TREE THE VEHICLE CONTINUED ON AND STRUCK A SECOND TREE....AFTER STRICKING THE SECOND TREE THE VEHICLE CAME TO REST ON THE DITCH EMBANKMENT....THE BODY WAS LAYING NORTH OF THE SECOND TREE....THE DEBRIS FIELD WAS PRIMARELY NORTH EAST OF THE VEHICLES FINAL REST....

Officer Information

Wisconsin Motor Vehicle [redacted]
Accident Report [redacted]

050206

OFFICER INFORMATION

125 - Officer Last Name TOMKOWIAK	125 - First Name C	125 - Middle Initial	131 - Officer ID 2450
129 - Law Enforcement Agency No. 7406	130 - Law Enforcement Agency Name WISCONSIN STATE PATROL		
126 - Law Enforcement Agency Address Street & Number 5005 HWY 53 SOUTH			
127 - City EAU CLAIRE	127 - State WI	127 - Zip Code 547018846	128 - Telephone Number (715) 839-3841 EXT.
132 - Date Notified 02/24/2007	133 - Time Notified (Military Time) 0613	134 - Time Arrived (Military Time) 0622	135 - Date Of Report 02/24/2007
Agency Accident Number [redacted]	Police Number	19 - Special Study	
18 - Agency Space MRK			

MOTOR VEHICLE FATAL SUPPLEMENT REPORT

Wisconsin Department of Transportation
MV3460 991

1. Document [redacted] (From MV400 [redacted])

ACCIDENT INFORMATION

2. Accident Date (Mo-Day-Yr)	3. No. of Travel Lanes	4. Time Ambulance NOTIFIED	5. Time Ambulance Arrived at SCENE	6. Time Ambulance Arrived at HOSPITAL
02-24-07	3	05:59 AM PM	06:11 AM PM	07:11 AM PM

7. Roadway Surface Type
1 Concrete
2 Blacktop (Bituminous)
3 Brick or Block
4 Slag, Gravel or Stone
5 Dirt
8 Other
[1]

8. Roadway Profile
1 Level
2 Grade
3 Hillcrest
4 Sag
[1]

9. Special Jurisdiction
0 No Special Jurisdiction
1 National Park Service
2 Military
3 Indian Reservation
4 College/University Campus
5 Other Federal Properties
[0]

10. Relation To Roadway
1 On Roadway
2 Shoulder
3 Median
4 Roadside
5 Outside Right of Way
6 Off Roadway - Location Unknown
7 In Parking Lane
8 Gore
[2]

11. Trafficway Flow
1 Not Physically Divided (Two Way Trafficway)
2 Divided Highway, Median Strip (Without Traffic Barrier)
3 Divided Highway, Median Strip (With Traffic Barrier)
4 One Way Trafficway
[3]

VEHICLE INFORMATION

12. Special Use
0 No Special Use
1 Taxi
2 Vehicle Used as School Bus
3 Vehicle Used as Other Bus
4 Military
5 Police
6 Ambulance
7 Fire Truck

Unit 1	Unit 2	Unit 3
0		

13. Emergency Use Y/N See s.340.01 (3), 346.03 Wis. Stats.

Unit 1	Unit 2	Unit 3
N		

14. Fire Y/N

Unit 1	Unit 2	Unit 3
N		

15. Estimated Travel Speed

Unit 1	Unit 2	Unit 3
55 mpH		

SURVIVING DRIVER INFORMATION

Unit 1 16. [redacted] 17. Ejected Y/N [N] 18. Extricated Y/N [N]

19. Alcohol Test Given Y/N [Y]

20. Alcohol Test Results-Circle One
1. Actual-Give Results [Results]
2. Test Refused
3. Results Unknown

21. Alcohol Test Type - Circle One
1. Evidential Test - Circle One
1A. Breath; 1B. Blood; 1C. Urine
2. Preliminary Breath Test (PBT)
3. Behavioral
4. Passive Alcohol Sensor (PAS)
5. Observed

Drug Test Given Y/N [ ]

24. Drug Test Results - Circle One
1. No Drugs Reported
2. Drugs Reported - Specify
3. Tested, Results Unknown

23. Drug Test Type - Circle One
Blood
Urine

Unit 2 NAME First MI Last Ejected Y/N [ ] Extricated Y/N [ ]

Alcohol Test Given Y/N [ ]

Alcohol Test Results - Circle One
1. Actual-Give Results [Results]
2. Test Refused
3. Results Unknown

Alcohol Test Type - Circle One
1. Evidential Test - Circle One
1A. Breath; 1B. Blood; 1C. Urine
2. Preliminary Breath Test (PBT)
3. Behavioral
4. Passive Alcohol Sensor (PAS)
5. Observed

Drug Test Given Y/N [ ]

Drug Test Results - Circle One
1. No Drugs Reported
2. Drugs Reported - Specify
3. Tested, Results Unknown

Drug Test Type - Circle One
Blood
Urine

Unit 3 NAME First MI Last Ejected Y/N [ ] Extricated Y/N [ ]

Alcohol Test Given Y/N [ ]

Alcohol Test Results - Circle One
1. Actual-Give Results [Results]
2. Test Refused
3. Results Unknown

Alcohol Test Type - Circle One
1. Evidential Test - Circle One
1A. Breath; 1B. Blood; 1C. Urine
2. Preliminary Breath Test (PBT)
3. Behavioral
4. Passive Alcohol Sensor (PAS)
5. Observed

Drug Test Given Y/N [ ]

Drug Test Results - Circle One
1. No Drugs Reported
2. Drugs Reported - Specify
3. Tested, Results Unknown

Drug Test Type - Circle One
Blood
Urine

FATALITY INFORMATION

	25. Name - First	MI	Last	26. Ejected Y/N	27. Extricated Y/N	28. Date of Death	29. Time of Death
1.	[redacted]			N	N	[redacted]	07:15 AM PM
2.	[redacted]			Y	N		05:55 AM PM
3.							AM PM

30. Officer Completing Report - Print Name	31. Officer ID No	32. Enforcement Agency Name	33. Report Date
Trp C. TOMKOWIAK	2450	WISCONSIN STATE PATROL	02/24/07

TRAFFIC ACCIDENT REPORT - Witness Statement

FILE

Wisconsin Department of Transportation
SP4426 4/2005

Accident Number 07-9509

Witnes [redacted]

Addres [redacted]

Area Code Telephone Number - Business

City, State, ZIP Code
Chicago, IL [redacted]

Were you the ☐ Driver ☒ Passenger

In what direction were you heading or facing?

On what highway were you traveling?

In what lane were you?

NARRATIVE: In your own words, explain what happened.

You may draw a picture to help you explain what happened.

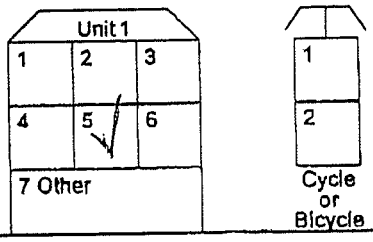
Please complete reverse side, also.

X _____ (Witness Signature) (Date)

Condition at the Time of the Accident - Circle one for each category

LIGHT CONDITION	WEATHER CONDITION	ROAD CONDITION
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.



Accident Date

Approximate Time of Accident

Where were you coming from prior to the accident?

Where were you going to?

On this trip, how long have you been driving/riding prior to this accident?

How often do you drive this vehicle?

Does your vehicle have airbags?
☐ No ☐ Yes

Did any airbags deploy?
☐ No ☐ Yes

As far as you know, was there anything wrong with this vehicle prior to the accident?
☐ No ☐ Yes, What?

Who else was with you at the time of the accident? For each passenger, give name, address, birthdate, and seat position. Use reverse, if needed.

Were you wearing your seat belt?
☐ No ☐ Yes

Were passengers wearing their seat belts?
☐ No ☐ Yes

What were you doing prior to the accident?

Did anything interfere with your view at the time of the accident?
☐ No ☐ Yes, What?

Were there any other vehicles nearby at the time of the accident?
☐ No ☐ Yes

Did any of these vehicles contribute to the accident?
☐ No ☐ Yes, How?

How fast were you traveling?

What indicated to you that an accident would occur?

Did you do anything to avoid this accident, i.e., braking, turning, etc.?

In your opinion, why did this accident occur?

Have any of the vehicles been moved since the accident?
☐ No ☐ Yes, How?

Have you taken any medication or alcohol within the 6 hours prior to the accident?
☐ No ☐ Yes, What?

What is the name of your insurance company?

Please complete reverse side, also.

State Patrol Use Only	Statement Made To - Person Name	Statement Date
	Statement Made At - Location	Statement Time ☐ AM ☐ PM

TRAFFIC ACCIDENT REPORT - Witness Statement

FILE

Wisconsin Department of Transportation

Accident Number 07-9509

[redacted]

Witness [redacted]

Birth D[redacted]

Address [redacted]

Area C[redacted]

City, State, ZIP Code Chic, ILL [redacted]

Area C[redacted]

Were you the ☐ Driver ☐ Passenger

In which direction were you heading [redacted]

On what highway were you traveling?

In what lane were you?

NARRATIVE: In your own words, explain what happened. I dont know what happened because I was sleep

You may draw a picture to help you explain what happened.

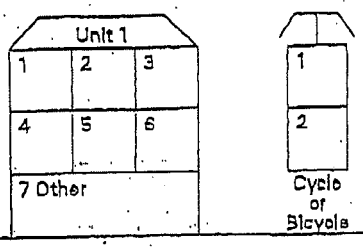
Please complete reverse side, also.

X _____ (Witness Signature) (Date)

Condition at the Time of the Accident - Circle one for each category

LIGHT CONDITION	WEATHER CONDITION	ROAD CONDITION
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.



Accident Date

Approximate Time of Accident

Where were you coming from prior to the accident?

Where were you going to?

On this trip, how long have you been driving/riding prior to this accident?

How often do you drive this vehicle?

As far as you know, was there anything wrong with this vehicle prior to the accident?

☐ No ☐ Yes, What?

Who else was with you at the time of the accident?

Name: Date of Birth:

Were you wearing your seat belt?

☐ No ☐ Yes

What were you doing prior to the accident?

Did anything interfere with your view at the time of the accident?

☐ No ☐ Yes, What?

Were there any other vehicles nearby at the time of the accident?

☐ No ☐ Yes

Did any of these vehicles contribute to the accident?

☐ No ☐ Yes, How?

How fast were you traveling?

What indicated to you that an accident would occur?

Did you do anything to avoid this accident, i.e., braking, turning, etc.?

In your opinion, why did this accident occur?

Name of Insurance Company:

Have any of the vehicles been moved since the accident?

☐ No ☐ Yes, How?

Have you taken any medication or alcohol within the 6 hours prior to the accident?

☐ No ☐ Yes, What?

State Patrol Use Only	Statement Made To - Person Name	Statement Date
	Statement Made At - Location	Statement Time ☐ AM ☐ PM

TRAFFIC ACCIDENT REPORT - Witness Statement

FILE

Wisconsin Department of Transportation
SP4426.183 (Replaces SP4006)

Accident Number 07-9509

[redacted]

City, State, Zip Code
Chicago IL [redacted]

Were you the ☐ Driver ☐ Passenger

In what direction were you heading or facing? Behind the driver

On what highway were you traveling?

In what lane were you?

NARRATIVE: In your own words, explain what happened.

I was sleep and woke up when I Heard Loud Noises

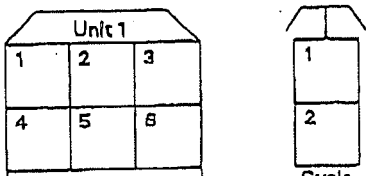
You may draw a picture to help you explain what happened.

X [redacted] 2/21/07
(Date)

Condition at the Time of the Accident - Circle one for each category

LIGHT CONDITION	WEATHER CONDITION	ROAD CONDITION
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.



Accident Date

Approximate Time of Accident

Where were you coming from prior to the accident?

Where were you going to?
North Dakota

On this trip, how long have you been driving/riding prior to this accident?
7:00 Pm

How often do you drive this vehicle?

As far as you know, was there anything wrong with this vehicle prior to the accident?

☐ No ☐ Yes, What?

Who else was with you at the time of the accident?

Name: Date of Birth:

Were you wearing your seat belt?

☐ No ☑ Yes

What were you doing prior to the accident?

Did anything interfere with your view at the time of the accident?

☐ No ☐ Yes, What?

Were there any other vehicles nearby at the time of the accident?

☐ No ☐ Yes

Did any of these vehicles contribute to the accident?

☐ No ☐ Yes, How?

How fast were you traveling?
slow

What indicated to you that an accident would occur?

Did you do anything to avoid this accident, i.e., braking, turning, etc.?

In your opinion, why did this accident occur?
lost control and couldnt Handle the car

Name of Insurance Company:

Have any of the vehicles been moved since the accident?

☐ No ☐ Yes, How?

Have you taken any medication or alcohol within the 6 hours prior to the accident?

☐ No ☐ Yes, What?

State Patrol Use Only	Statement Made To - Person Name	Statement Date
	Statement Made At - Location	Statement Time ☐ AM ☐ PM

FILE

TRAFFIC ACCIDENT REPORT - Witness Statement

Wisconsin Department of Transportation

Accident Number 07-9509

[redacted]

City, State, ZIP Code
Chicago IL [redacted]

Were you the
☑ Driver ☐ Passenger

In what direction were you he[redacted]
West, Forward

On what highway were you traveling? 94

In what lane were you? Out Side Lane

NARRATIVE: In your own words, explain what happened.

I was driving and I was going to get in the outside lane and the car start to slide and it hit the soft snow and fish tale and I tx to save it but I was not stopping then I hit the tree and then I hit my head on the steering wheel and I passed for a ~~sec~~ min then I come to and I check on everybody Then I ran to the Gas Station and call the police.

You may draw a picture to help you explain what happened.

Please complete reverse side, also.

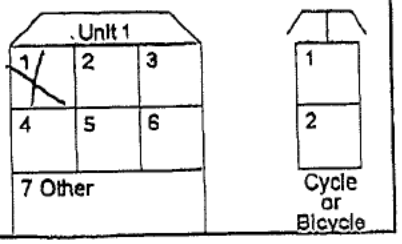
[redacted]
(Witness Signature)

2-23-07
(Date)

Condition at the Time of the Accident - Circle one for each category

LIGHT CONDITION	WEATHER CONDITION	ROAD CONDITION
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.



Accident Date

Approximate Time of Accident

Where were you coming from prior to the accident?
from Chicago IL

Where were you going to?
North Dakota

On this trip, how long have you been driving/riding prior to this accident?
3 hour

How often do you drive this vehicle?
when we go out of town

Does your vehicle have airbags? ☐ No ☑ Yes

Did any airbags deploy? ☑ No ☐ Yes

As far as you know, was there anything wrong with this vehicle prior to the accident? ☑ No ☐ Yes, What?

Who else was with you at the time of the accident? For each passenger, give name, address, birthdate, and seat position. Use reverse, if needed.

[redacted]

Were you wearing your seat belt? ☐ No ☑ Yes

Were passengers wearing their seat belts? ☐ No ☑ Yes

What were you doing prior to the accident?
Changing lanes and the car lose control

Did anything interfere with your view at the time of the accident? ☑ No ☐ Yes, What?

Were there any other vehicles nearby at the time of the accident? ☑ No ☐ Yes

Did any of these vehicles contribute to the accident? ☑ No ☐ Yes, How?

How fast were you traveling?
50 mph

What indicated to you that an accident would occur?
when the car would not stop and I sent the tree

Did you do anything to avoid this accident, i.e., braking, turning, etc.?
yes I try to get the car to turn so it would not hit the tr

In your opinion, why did this accident occur?
Because of ice on the road and I could not stop the car

Have any of the vehicles been moved since the accident? ☑ No ☐ Yes, How?

Have you taken any medication or alcohol within the 6 hours prior to the accident? ☑ No ☐ Yes, What?

What is the name of your insurance company?

Please complete reverse side, also.

State Patrol Use Only	Statement Made To - Person Name	Statement Date
	Statement Made At - Location	Statement Time ☐ AM ☐ PM

FILE

TRAFFIC ACCIDENT REPORT - Witness Statement

Wisconsin Department of Transportation
SP4425\183 (Replaces SP4008)

Accident Number 07-9509

Witness N[redacted]

Address

I was Sleeping

[redacted] CARROL CHICAGO IL

Were you the

☐ Driver ☐ Passenger

In what direction were you heading or facing?

On what highway were you traveling?

In what lane were you?

NARRATIVE: In your own words, explain what happened.

You may drew a picture to help you explain what happened.

[redacted]

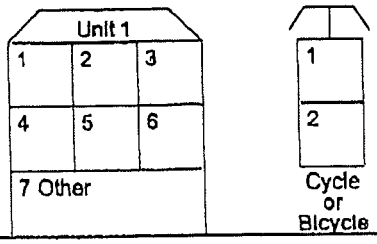
X [redacted]

(Date)

Condition at the Time of the Accident - Circle one for each category

LIGHT CONDITION	WEATHER CONDITION	ROAD CONDITION
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.



Accident Date

Approximate Time of Accident

Where were you coming from prior to the accident?

Where were you going to?

On this trip, how long have you been driving/riding prior to this accident?

How often do you drive this vehicle?

Does your vehicle have airbags?

☐ No ☐ Yes

Did any airbags deploy?

☐ No ☐ Yes

As far as you know, was there anything wrong with this vehicle prior to the accident?

☐ No ☐ Yes, What?

Who else was with you at the time of the accident? For each passenger, give name, address, birthdate, and seat position. Use reverse, if needed.

Were you wearing your seat belt?

☐ No ☐ Yes

Were passengers wearing their seat belts?

☐ No ☐ Yes

What were you doing prior to the accident?

Did anything interfere with your view at the time of the accident?

☐ No ☐ Yes, What?

Were there any other vehicles nearby at the time of the accident?

☐ No ☐ Yes

Did any of these vehicles contribute to the accident?

☐ No ☐ Yes, How?

How fast were you traveling?

What indicated to you that an accident would occur?

Did you do anything to avoid this accident, i.e., braking, turning, etc.?

In your opinion, why did this accident occur?

Have any of the vehicles been moved since the accident?

☐ No ☐ Yes, How?

Have you taken any medication or alcohol within the 6 hours prior to the accident?

☐ No ☐ Yes, What?

What is the name of your insurance company?

Please complete reverse side, also.

State Patrol Use Only	Statement Made To - Person Name	Statement Date
	Statement Made At - Location	Statement Time ☐ AM ☐ PM

FILE

TRAFFIC ACCIDENT REPORT - Witness Statement

Wisconsin Department of Transportation
SP4426 4/2005

Accident Number 07-9509

Witness Name First Middle Last

[redacted]

City, State, ZIP Code

Area Code Telephone Number - Business

Were you the ☐ Driver ☑ Passenger

In what direction were you heading or facing?

On what highway were you traveling?

In what lane were you?

NARRATIVE: In your own words, explain what happened.

I was sleep and all felt the car move very hard the car had slid off of the road and hit the tree and I had Blank out for a couple seconds and I woke up in saw the police taking us out of the vain.

You may draw a picture to help you explain what happened.

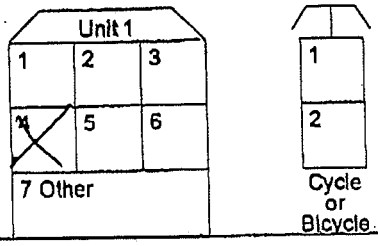
Please complete reverse side, also.

X _____ (Witness Signature) (Date)

Condition at the Time of the Accident - Circle one for each category

LIGHT CONDITION	WEATHER CONDITION	ROAD CONDITION
1. Daylight	1. Clear	1. Dry
2. Dark	2. Cloudy	2. Snow or Ice
3. Dark with Street Lights	3. Rain	3. Wet
4. Dawn or Dusk	4. Snow or Ice	4. Gravel
	5. Fog or Mist	5. Slush
	6. Sleet	6. Muddy
		7. Oily
		8. Other

Place an X where you were seated in this vehicle.



Accident Date

Approximate Time of Accident

Where were you coming from prior to the accident?

Where were you going to?

On this trip, how long have you been driving/riding prior to this accident?

How often do you drive this vehicle?

Does your vehicle have airbags?

☐ No ☐ Yes

Did any airbags deploy?

☐ No ☐ Yes

As far as you know, was there anything wrong with this vehicle prior to the accident?

☐ No ☐ Yes, What?

Who else was with you at the time of the accident? For each passenger, give name, address, birthdate, and seat position. Use reverse, if needed.

Were you wearing your seat belt?

☐ No ☐ Yes

Were passengers wearing their seat belts?

☐ No ☐ Yes

What were you doing prior to the accident?

Did anything interfere with your view at the time of the accident?

☐ No ☐ Yes, What?

Were there any other vehicles nearby at the time of the accident?

☐ No ☐ Yes

Did any of these vehicles contribute to the accident?

☐ No ☐ Yes, How?

How fast were you traveling?

What indicated to you that an accident would occur?

Did you do anything to avoid this accident, i.e., braking, turning, etc.?

In your opinion, why did this accident occur?

Have any of the vehicles been moved since the accident?

☐ No ☐ Yes, How?

Have you taken any medication or alcohol within the 6 hours prior to the accident?

☐ No ☐ Yes, What?

What is the name of your insurance company?

Please complete reverse side, also.

State Patrol Use Only	Statement Made To - Person Name	Statement Date
	Statement Made At - Location	Statement Time ☐ AM ☐ PM