

DP14-004

CHRYSLER

9/15/2014

LEGALS AND CUSTOM
COMPLAINTS PUBLIC

ENTERPRISE

CAIR 



Customer Assistance Inquiry Record (CAIR)# 19575428

VIN	3D4PG5FV1	AT	Open Date	05/24/2010	Built Date	10/14/2009
Model Year	2010	Body	JCDP49	DODGE JOURNEY SXT HATCHBACK		
In Service Dt	10/15/2009	Mileage	10,000	Dealer Zone	71	LOS ANGELES
Plant	T	TOLUCA ASSEMBLY PLANT	Market	U	US	
Color	PS2	BRIGHT SILVER METALLIC CLEAR COAT				
Engine	EGF	3.5L V6 HIGH OUTPUT 24V MPI ENGINE				
Transmission	DG2	6-SPEED AUTOMATIC 62TE TRANSMISSION				

Dealer	49943	AMADOR MOTORS INC				
Dealer Address	6 MAIN STREET					
Dealer City	SUTTER CREEK	Dealer State	CA	Dealer Zip	95685	
Owner	[REDACTED]				Contact Type	FAX
Address	[REDACTED]				Home Phone	
	CARSON CA	[REDACTED]			Country	UNITED STATES

Corporate - Property Damage - Default - Default - Default	
Dealer - By-Pass - Default - Default - Default	
Product - Body / Trim / Paint Finish - Air Bag - Failed to Deploy - Front Passengers Side	
Product - Unknown - Unknown - Accident - Default	

1. Who is calling and what is their contact information?
 [REDACTED] Employee of Alamo, claims handler
 Preferred [REDACTED]
 Alternate:na

2. What happened?
 Customer states that the vehicle was in an accident and the passenger side air bag didn't deploy.

3. What is the current location of the vehicle?
 Vehicle is being moved and Bane is unaware of the new location.
 Left message requesting location and clarification on fip data.
 FIP data is accurate. Renter and passenger are from the Netherlands, driver was injured, passenger died. Allegedly, driver's airbag deployed, passenger did not. ELCO will call back with location info.
 VEHICLE IS LOCATED AT:
 Copart Salvage Auto Auctions
 4810 N Lamb Blvd
 Las Vegas, NV 89115
 (702) 638-9300
 Vehicle is on secure hold, Elco rep must be present to inspect, Renter's Attorney also wants to be present. Contact Dane Johnson @ 303-439-6210 to set up inspection.

 Per OGC Matrix, reassigned to 82T.
 Photos and document provided by Elco in process of being added to file.
 6.8.10 Due to Fatality, forwarding to Product Liability. MJK
 PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 06/08/10 AT 13:38:56 19575428
 POSTMARK DATE: 060810; DATE RECEIVED: 060810
 6/10/10 ASSIGN TO KSS28.
 CAIR NUMBER 19575428 REQUEST EAA INSPECTION 06-10-2010 15:31
 CAIR NUMBER 19575428 E-MAIL SENT TO EAA 06-10-2010 15:31
 CCRG Open Date: 06/08/2010 11:19:23
 Letter Sent: Acknowledgement 06/11/2010 09:21:32
 Inspection Delayed: 06/29/2010
 PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 07/14/10 AT 04:19:51 19575428


[Check Photos](#)
[CCRG Inspection Report](#)

DP14-004

CHRYSLER

9/15/2014

LEGALS AND CUSTOM

COMPLAINTS PUBLIC

ENTERPRISE

POLICE ACCIDENT REPORT

TIME Date of Crash: 05 / 13 / 10 Month Day Year
 Day of Week: S M T W T F S 1 2 3 4 5 6 7
 Military Time: 15:53
 BLD Number: [Redacted]

LOCATION PLACE WHERE CRASH OCCURRED: 53 COUNTY CODE City or Town of Jurisdiction: N S E W
 City or Town: LA VERKIN
 Road, Street, Hwy CRASH OCCURRED: [Redacted]
 Street Name or Highway Number: [Redacted] UDOT USE ONLY
 1. AT THE INTERSECTION WITH:
 2. IF NOT AT INTERSECTION 200 Feet of NOAA Survey Marker
 N S E W N S E W
 2 of Mile Post 13

VEH # 1 VIN: 2GTEC19T1 [Redacted] STATE: UT EXP DATE: 02/11 COLOR: SIL MAKE: GMC MODEL: SIERRA C1500 YEAR: 2001 OCCUPANTS: 1

OWNER: [Redacted] HURRICANE UTAH [Redacted] PHONE: [Redacted]

DRIVER LICENSE: [Redacted] CLASS: D ENDORSEMENT(S): A DATE OF BIRTH: [Redacted] AGE: 18
 SEX: [Redacted] HAIR: [Redacted] EYES: [Redacted] HEIGHT: [Redacted] WEIGHT: [Redacted]

OWNER: [Redacted] STREET, CITY, STATE, ZIP: [Redacted] PHONE: [Redacted]

COMMERCIAL VEHICLE INFO: [Redacted] NAME: [Redacted] STREET, CITY, STATE, ZIP: [Redacted] PHONE: [Redacted]

VEHICLE DAMAGE: [Redacted] ESTIMATED DAMAGE: [Redacted] ESTIMATE BY: [Redacted] ESTIMATE DATE: [Redacted]

SEQUENCE OF EVENTS: [Redacted] FIRST EVENT: 03 SECOND EVENT: 20 THIRD EVENT: 20 FOURTH EVENT: 96 MOST HARMFUL EVENT FOR VEHICLE: 20

VEHICLE DAMAGE: [Redacted] ESTIMATED DAMAGE: [Redacted] ESTIMATE BY: [Redacted] ESTIMATE DATE: [Redacted]

VEHICLE DAMAGE: [Redacted] ESTIMATED DAMAGE: [Redacted] ESTIMATE BY: [Redacted] ESTIMATE DATE: [Redacted]

VEH # 2 VIN: 3D4PG5FV1A [Redacted] STATE: CA EXP DATE: 10/10 COLOR: SIL MAKE: DODG MODEL: SW YEAR: 2010 OCCUPANTS: 2

OWNER: [Redacted] STREET, CITY, STATE, ZIP: [Redacted] PHONE: [Redacted]

DRIVER LICENSE: [Redacted] CLASS: D ENDORSEMENT(S): A DATE OF BIRTH: [Redacted] AGE: 29
 SEX: [Redacted] HAIR: [Redacted] EYES: [Redacted] HEIGHT: [Redacted] WEIGHT: [Redacted]

OWNER: [Redacted] STREET, CITY, STATE, ZIP: [Redacted] PHONE: [Redacted]

COMMERCIAL VEHICLE INFO: [Redacted] NAME: [Redacted] STREET, CITY, STATE, ZIP: [Redacted] PHONE: [Redacted]

VEHICLE DAMAGE: [Redacted] ESTIMATED DAMAGE: [Redacted] ESTIMATE BY: [Redacted] ESTIMATE DATE: [Redacted]

SEQUENCE OF EVENTS: [Redacted] FIRST EVENT: 20 SECOND EVENT: 01 THIRD EVENT: 58 FOURTH EVENT: 96 MOST HARMFUL EVENT FOR VEHICLE: 20

VEHICLE DAMAGE: [Redacted] ESTIMATED DAMAGE: [Redacted] ESTIMATE BY: [Redacted] ESTIMATE DATE: [Redacted]

VEHICLE DAMAGE: [Redacted] ESTIMATED DAMAGE: [Redacted] ESTIMATE BY: [Redacted] ESTIMATE DATE: [Redacted]

Work Zone? [Redacted] Total # of Lanes on Roadway: 3 Damage to Property Other than Vehicles: [Redacted]

Worksite Present? [Redacted] # Vehicles Involved: 3 Name and Address of Owner of Object Struck: [Redacted] Phone: [Redacted] PROPERTY DAMAGE ESTIMATE: [Redacted]

WITNESSES: [Redacted] Name: [Redacted] Address: [Redacted] Phone: [Redacted]

WITNESSES: [Redacted] Name: [Redacted] Address: [Redacted] Phone: [Redacted]

Law Enforcement Activity: [Redacted] Time of Arrival at Crash: 16:00 Date of Report: 05 / 13 / 10 Date of Investigation: 05 / 17 / 10
 Field Diagram: [Redacted] Video: [Redacted] Photo(s): [Redacted]

ORIGINAL REPORT ADDITIONAL PERSONS REPORT SUPPLEMENTAL REPORT AMENDED REPORT
 State Law Requires a Reportable Crash Report to be Forwarded to Dept. of Public Safety Within 10 Days Following Completion of Investigation.
 Mail ORIGINAL REPORT TO: Driver License Division, P.O. Box 144501, Salt Lake City, UT 84114-4501

TIME Date of Crash: 05 / 13 / 10 Day of Week: S M T W T F S Military Time: 15:53 OLD Number: _____

LOCATION PLACE WHERE CRASH OCCURRED: 53 COUNTY CODE: 53 City of Town of Jurisdiction: N S E W LA VERKIN Case Number: _____
 ROAD, STREET, HWY CRASH OCCURRED: _____ Street Name or Highway Number UDOT USE ONLY
 1. AT THE INTERSECTION WITH _____ Feet of _____ of NOAA Survey Marker
 2. IF NOT AT INTERSECTION 200 Feet of _____ of _____ of Mile Post 13

VEHICLE 1 VIN: 1J4FF68SXXL MAKE: _____ STATE: UT EXP DATE: 08/10 COLOR: PLE MAKE: JEEP MODEL: CHEROKEE SPORT/CLASSIC YEAR: 1999 OCCUPANT: # 2

DRIVER 1 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: D ENDORSEMENT: M REGISTRATION: B DATE OF BIRTH: _____ AGE: 63

VEHICLE 2 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 2 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 3 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 3 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 4 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 4 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 5 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 5 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 6 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 6 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 7 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 7 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 8 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 8 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 9 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 9 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 10 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 10 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

VEHICLE 11 VIN: _____ MAKE: _____ STATE: _____ EXP DATE: _____ COLOR: _____ MAKE: _____ MODEL: _____ YEAR: _____ OCCUPANT: # _____

DRIVER 11 NAME: _____ STREET, CITY, STATE, ZIP: _____ PHONE: _____
 STATE: _____ NUMBER: _____ CLASS: _____ ENDORSEMENT: _____ REGISTRATION: _____ DATE OF BIRTH: _____ AGE: _____

Work Zone? Yes No Unknown

Workers Present? Yes No Unknown

Damage to Property Other than Vehicle? None Minor Major

Vehicles Involved: 3

PROPERTY DAMAGE ESTIMATE: \$1,000 OR MORE LESS THAN \$1,000

WITNESSES:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Law Enforcement Activity: Time of Day of Crash: 16:00 Arrived at Scene: 16:13 Date of Report: 05 / 13 / 10 Investigation Completed: 05 / 17 / 10

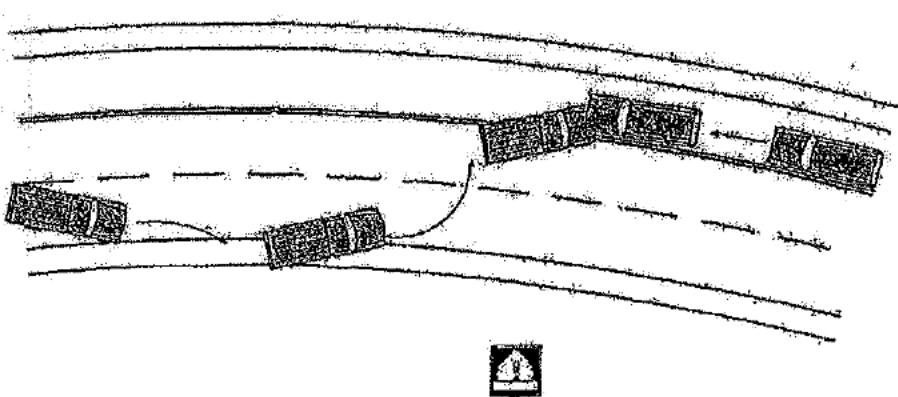
Field Diagram: Yes No **Video:** Yes No **Photo(s):** Yes No **Digital:** Yes No **Film:** Yes No

	SEATING POSITION													
	11 - Motorcycle Driver	50 - Sleeper Section of Cab (Truck)	57 - High Side Driver											
	21 - Motorcycle Passenger	51 - Enclosed Cargo Area	58 - Non-Motorist											
	18 - Front Row Other	52 - Unenclosed Cargo Area	59 - Other											
28 - Second Row Other	54 - Trailing Unit	59 - Unknown												
38 - Third Row Other	55 - Riding on Vehicle Exterior													
48 - Fourth Row Other	56 - Seating Position 11, Not Driver													
EWS Time Called: 15:55				EWS Time Arrived: 16:01										
Disposition of Vehicle # 1: Q2				TOWED BY: Winder Towing										
Disposition of Vehicle # 2:				TOWED BY:										

PERSON(S) INVOLVED	VEH #	Role	Transported to:	BAC	Person Type	Seating Position	Sex	Level	Area	Cause	INJURY						
											Transported By	Safety Equipment	Used Property	Air Bag	Ejection	Ejection Path	Education
	01	DRIVER	Transported to:	BAC	01	11	M	01	96	96	96	01	01	01	00	96	01
	02	DRIVER	Transported to:	BAC													
	03	VEH	Name: _____ DOB: _____ Age: _____	Transported to: _____													
	04	VEH	Name: _____ DOB: _____ Age: _____	Transported to: _____													
	05	VEH	Name: _____ DOB: _____ Age: _____	Transported to: _____													
	06	VEH	Name: _____ DOB: _____ Age: _____	Transported to: _____													

DIAGRAM of CRASH NO DIAGRAM - Reason: _____ 1. Occur out of scope 2. Vehicle involved a crime

DLD# _____



DESCRIBE WHAT HAPPENED
(Refer to Vehicle by Number)

OFFICER'S RANK AND NAME PRINT J Gardner	I.D.# 108	DEPARTMENT UHP Section 12	SUPERVISOR'S APPROVAL	DATE OF REPORT 05/13/2010
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UTAH DEPARTMENT OF PUBLIC SAFETY INCIDENT REPORT

Page 1 of 4
SENIOR TROOPER J
GARDNER #108
Incident Case
#12100214

Incident Involves: Physical Custody Arrest Warrant Service* Stolen Vehicle* SI Complaint* Booking
 Contraband Search Vehicle Impound* Weapons* SI Cancellation* Pursuit
 Vehicle/Property Inventory* Evidence* Citizen Assist Other
 DUI Report Attached Accident Report Attached *Requires Supplemental Fact Sheet

Case #	Reporting Officer SENIOR TROOPER J GARDNER #108	Occurred 05/13/2010 15:53	Notified	Arrived 16:13	Completed 05/19/2010
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Location	Address 620 SOUTH 5300 WEST S-216 HURRICANE 84737	Phone (435)6342890
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Agency Bureau 4 Section 12 District A	Address 620 SOUTH 5300 WEST S-216 HURRICANE 84737	Phone (435)6342890
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SUBJECT (NON-ARREST)

SSN	DL	DOB	Birthplace	Sex Male	Race	Height	Weight (lbs)	Eyes	Hair	Features
Citation # Violation Place of Incarceration										
Email Address Hurricane, Utah										
Employer Phone Address										

SUBJECT (NON-ARREST)

Jeep CHEROKEE SPORT/CLASSIC UTZ576PT										
SSN	DL	DOB	Birthplace	Sex Female	Race	Height 5'3"	Weight (lbs) 180	Eyes GREEN	Hair BROWN	Features
Citation # Violation Place of Incarceration										
Email Address Hurricane, Utah										
Employer Phone Address										

SUBJECT (NON-ARREST)

SSN	DL	DOB	Birthplace	Sex	Race	Height	Weight (lbs)	Eyes	Hair	Features
Citation # Violation Place of Incarceration										
Email Address										
Employer Phone Address										

VICTIM

Dodge SW										
SSN	DL	DOB	Birthplace	Sex M	Race	Height	Weight (lbs)	Eyes	Hair	Features
Citation # Violation Place of Incarceration										
Email Address B										
Employer Phone Address										

VICTIM

Jeep CHEROKEE SPORT/CLASSIC										
SSN	DL	DOB	Birthplace	Sex Male	Race	Height	Weight (lbs)	Eyes	Hair	Features
Citation # Violation Place of Incarceration										
Email Address Hurricane, Utah										
Employer Phone Address										

VICTIM

Dodge SW										
SSN	DL	DOB	Birthplace	Sex F	Race	Height	Weight (lbs)	Eyes	Hair	Features
Citation # Violation Place of Incarceration										
Email Address BURGEMEESTER OSS(HOLLAND)										

WITNESS BOBBIE JENSEN

SSN: [Redacted] DL: [Redacted] DOB: [Redacted] Birthplace: [Redacted] Sex: F Race: [Redacted] Height: [Redacted] Weight (lbs): [Redacted] Eyes: [Redacted] Hair: [Redacted] Features: [Redacted]

Citation #: [Redacted] Violation: [Redacted] Place of Incarceration: [Redacted]

Email: [Redacted] Address: [Redacted] ST GEORGE, UT [Redacted]

Employer: [Redacted] Address: [Redacted]

WITNESS

SSN: [Redacted] DL: [Redacted] DOB: [Redacted] Birthplace: [Redacted] Sex: F Race: [Redacted] Height: [Redacted] Weight (lbs): [Redacted] Eyes: [Redacted] Hair: [Redacted] Features: [Redacted]

Citation #: [Redacted] Violation: [Redacted] Place of Incarceration: [Redacted]

Email: [Redacted] Phone: [Redacted] Address: [Redacted]

Employer: [Redacted] Phone: [Redacted] Address: [Redacted]

WITNESS

SSN: [Redacted] DL: [Redacted] DOB: [Redacted] Birthplace: [Redacted] Sex: F Race: [Redacted] Height: [Redacted] Weight (lbs): [Redacted] Eyes: [Redacted] Hair: [Redacted] Features: [Redacted]

Citation #: [Redacted] Violation: [Redacted] Place of Incarceration: [Redacted]

Email: [Redacted] Phone: [Redacted] Address: [Redacted] ST GEORGE, UT [Redacted]

Employer: [Redacted] Phone: [Redacted] Address: [Redacted]

ASSISTING OFFICER TRP. ROGER LARSON #142

SSN: [Redacted] DL: [Redacted] DOB: [Redacted] Birthplace: [Redacted] Sex: [Redacted] Race: [Redacted] Height: [Redacted] Weight (lbs): [Redacted] Eyes: [Redacted] Hair: [Redacted] Features: [Redacted]

Citation #: [Redacted] Violation: [Redacted] Place of Incarceration: [Redacted]

Email: [Redacted] Phone: [Redacted] Address: [Redacted]

Employer: [Redacted] Phone: (435) 634-2890 Address: [Redacted]

UTAH HIGHWAY PATROL

ASSISTING OFFICER LT SHAWN HINTON #93

SSN: [Redacted] DL: [Redacted] DOB: [Redacted] Birthplace: [Redacted] Sex: [Redacted] Race: [Redacted] Height: [Redacted] Weight (lbs): [Redacted] Eyes: [Redacted] Hair: [Redacted] Features: [Redacted]

Citation #: [Redacted] Violation: [Redacted] Place of Incarceration: [Redacted]

Email: [Redacted] Phone: [Redacted] Address: [Redacted]

Employer: [Redacted] Phone: (435) 634-2890 Address: [Redacted]

UTAH HIGHWAY PATROL

ASSISTING OFFICER OFCR. PAUL FARTHING

SSN: [Redacted] DL: [Redacted] DOB: [Redacted] Birthplace: [Redacted] Sex: [Redacted] Race: [Redacted] Height: [Redacted] Weight (lbs): [Redacted] Eyes: [Redacted] Hair: [Redacted] Features: [Redacted]

Citation #: [Redacted] Violation: [Redacted] Place of Incarceration: [Redacted]

Email: [Redacted] Phone: [Redacted] Address: [Redacted]

Employer: [Redacted] Phone: (435) 668-2930 Address: [Redacted]

HURRICANE FIRE DEPARTMENT

VEHICLE INVOLVED

Vehicle: 1 Silver 2001 General Motors Corp SIERRA C1500 [Redacted] Plate: [Redacted] Expires: 02/01/2011 VIN: 2GTEC19T1 [Redacted]

Owner: [Redacted] HURRICANE, UT [Redacted]

Vehicle Impounded Yes No State Tax Yes No Towing Company: TRI CITY TOWING City: [Redacted] Yard Number: [Redacted]

Reason For Impound Improper Registration No Utah Registration Expired Registration No Insurance

Theft DUI Abandoned Reported Theft Possible Theft

Other: [Redacted]

Released to/Towing Co: TRI CITY TOWING Hold on Vehicle: [Redacted] Reason For Hold: [Redacted]

Vehicle	Plate	Expires	VIN
		10/22/2010	3D4PGFV1AT
Vehicle Impounded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	State Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Company: ZION MOTOR	City: Yard Number:
Reason For Impound	<input type="checkbox"/> Improper Registration	<input type="checkbox"/> No Utah Registration	<input type="checkbox"/> Expired Registration
<input type="checkbox"/> Theft	<input type="checkbox"/> DUI	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Reported Theft
<input type="checkbox"/> Other:			<input type="checkbox"/> No Insurance
			<input type="checkbox"/> Possible Theft
Released to/Towing Co:	Hold on Vehicle	Reason For Hold:	
ZION MOTOR			
Vehicle	Plate	Expires	VIN
3 1999 Jeep CHEROKEE SPORT/CLASSIC		08/01/2010	1J4FF68SXXL
Owner	HURRICANE, UT		
Vehicle Impounded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	State Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Company: WINDER TOWING	City: Yard Number:
Reason For Impound	<input type="checkbox"/> Improper Registration	<input type="checkbox"/> No Utah Registration	<input type="checkbox"/> Expired Registration
<input type="checkbox"/> Theft	<input type="checkbox"/> DUI	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Reported Theft
<input type="checkbox"/> Other:			<input type="checkbox"/> No Insurance
			<input type="checkbox"/> Possible Theft
Released to/Towing Co:	Hold on Vehicle	Reason For Hold:	
WINDER TOWING			

Synopsis

On May 12, 2010 I responded to a multiple vehicle collision on State Road 9 within the boundaries of Washington county. [REDACTED] of Oss Holland died as a result of injuries she sustained in the collision.

Details

1. On May 12, 2010 at approximately 1555 hours while on patrol east of the city of Hurricane I saw a motor vehicle collision was being reported on the spillman computer aided dispatch screen on state road 9 at the La Verkin curve. I began responding toward the location of the collision to assist. Prior to my arrival I was notified by Cedar dispatch that Washington County deputies were requesting Utah Highway Patrol to respond. I informed dispatch that I was en-route.
2. At about 1613 hours I arrived at the scene of the collision approximately 2 tenths of a mile east of mile marker 13. As I approached the scene I found several fireman and paramedics had already arrived and were assisting occupants of the vehicles. A tan G.M.C. pickup was stopped at an angle facing west in the west bound lane and partially over the center dividing line into the eastbound lane. The pickup had significant crush damage to the front end and both of the vehicles airbags had deployed. The single occupant was still in the driver seat being assisted by several people. A light rain was falling and the roadway was wet.
3. At the rear of the pickup, a silver sport utility vehicle was facing north with the front of the vehicle propped at a steep angle onto the dirt embankment on the north road shoulder with the rear of the vehicle wedged against the right rear portion of the tan pickup. The silver vehicle also had a significant front end damage specifically at the front left corner. The top leading edge of the windshield was peeled forward toward the engine compartment exposing the two occupants still seat belted in both front seats and with both front airbags deployed. The front seat female passenger was slumped back in the seat wearing a neck brace and an oropharyngeal device had been affixed to her mouth by medical personal. The victims eyes were slightly open but only white sclera tissue could be seen and the victim did not appear conscious. The victim did appear to have very labored and erratic breathing and a significant volume of blood from numerous head lacerations was draining into the vehicle. The driver appeared conscious but incoherent and his right wrist was deformed and obviously broken.
4. A blue jeep sport utility vehicle had struck the left rear portion of the tan pickup. I identified the driver and passenger as [REDACTED] and [REDACTED] of Hurricane Utah and verified that they had not sustained injuries in the collision.
5. At about 1630 hours extrication teams with the Hurricane fire department had succeeded in removing the passenger of the silver vehicle but I was advised by the team that she had expired, I notified Cedar dispatch of the fatality and requested that they notify Lt. Shawn Hinton. Trooper Roger Larson responded to the scene to assist. Trooper Larson began taking photographs of the scene while I prepared a field sketch and began taking measurements.

6. Marks visible at the scene clearly showed the path of the tan pickup that had been east bound in the right lane. Approximately 200 feet west of the final resting point of the vehicles the tan pickup had lost traction and began to rotate clockwise and skidding toward the left eastbound lane. The vehicle then traveled in an arcing motion to the right and over the right eastbound fog line before once again rotating in a counter clockwise direction across the left eastbound lane and into the single westbound lane directly in the path of the silver SUV and the blue SUV. The markings were consistent with a driver overcorrecting in an attempt to regain control of the vehicle.

7. Lt Hinton arrived at the scene at about 1650 hours and assisted Trooper Larson and I in marking evidence. I obtained a statement from the only witness that I could locate from the incident, Bobbie Jensen, who's description of the incident was consistent with the physical markings. At about 1730 hours I left the scene and responded to the Dixie regional medical center where all injured victims had been transported.

8. I arrived at the hospital and found the driver of the silver sport utility vehicle being treated in the emergency room. The driver was conscious and identified his passenger as his girlfriend Suzanne, Netherlands passports in his possession identified the driver as [REDACTED] and passenger [REDACTED] from the city of Oss. The passport photograph of Ms. [REDACTED] matched the physical appearance of the female that had died at the scene. Mr. [REDACTED] asked how his girlfriend was and at about 1830 hours I told him that she had been killed. Mr. [REDACTED] explained that they were tourists and had no family or friends in the United States. I obtained information from Mr. [REDACTED] about Ms. [REDACTED]'s next of kin. He provided me with Ms. [REDACTED]'s mother's name ([REDACTED]) and telephone number. I located a telephone number for the [REDACTED] consulate in San Francisco and spoke with consulate worker [REDACTED]. I explained what had occurred and requested her assistance in notifying the victims family. Mrs. [REDACTED] assured me that she could have representatives in Holland make the appropriate notifications. I later verified from Mr. [REDACTED] brother [REDACTED] that the Dutch police had notified Ms. [REDACTED] mother.

9. I then spoke with the driver of the tan pickup, [REDACTED]. Mr. [REDACTED] had been given pain medications (Fentanyl and Dilaudid) and appeared sleepy and confused but did say that he recalled the accident. Mr. [REDACTED] explained that he was going to work and that his vehicle just "slid". I asked Mr. [REDACTED] if he would submit to a blood test and he agreed to give me a sample. Registered nurse Kim Phillips of Dixie regional medical center withdrew a sample of blood from Mr. [REDACTED] right forearm and immediately turned the samples over to me. I sealed, labeled and mailed the samples to the Bureau of Forensic toxicology for analysis and prepared a chain of custody form. Mr. [REDACTED] injuries included 5 broken vertebral bones.

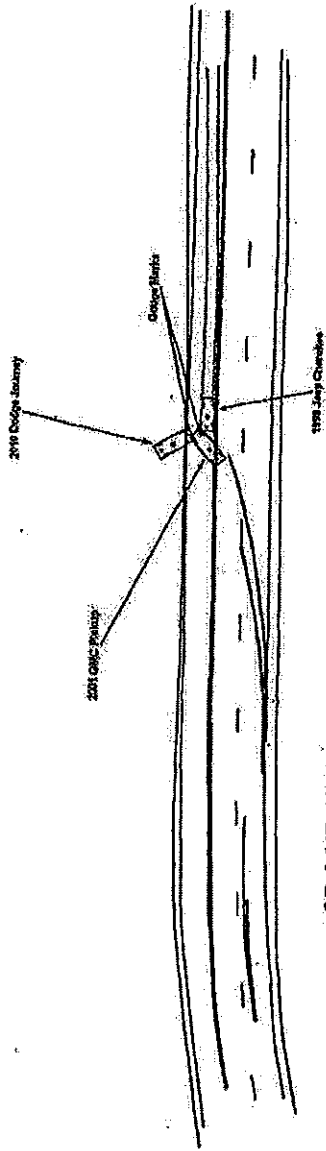
10. I returned to Mr. [REDACTED] room at approximately 2100 hours and found that he had spoken to his parent's by telephone and confirmed that Ms. [REDACTED] mother had been notified of her death. I completed a fatal notification form and submitted it by email through the chain of command as well as dispatch and Utah Highway Patrol public information officer Cameron Roden.

11. At about 2221 hours I received a telephone call from [REDACTED]. Mr. [REDACTED] was calling from Holland and explained that he worked with the national insurance company that would be coordinating efforts in arrangements for Ms. [REDACTED] body to be transported back to the Netherlands. I provided Mr. [REDACTED] with the location of Ms. [REDACTED] body and vehicle location as well as my report case number and information of other people involved.

12. On May 16, 2010 I received a telephone call from [REDACTED]. Mr. [REDACTED] had flown in from [REDACTED] to help his brother [REDACTED] agreed to assist in transcribing a statement for [REDACTED]. I met with [REDACTED] at the Dixie regional medical center at about 1400 hours. I gave [REDACTED] a driver exchange form and case number.

13. On May 19 at about 1500 hours I contacted Tri City Safety Inspector Robert Quibell (safety inspection certificate #18173). I asked Mr. [REDACTED] to measure the tread depth of the tires of the vehicle driven by Mr. [REDACTED]. The tires showed significant wear and the rear tires were worn to the point that the tread wear bars were contacting the roadway surface, however the measurements of the tread of both rear tires indicated 5/32 tread remaining. The front tires were measured at 10/32. According to the Utah Highway Patrol safety inspection manual the vehicle had sufficient tread to pass safety inspection but an advisory warning would be given for the wear indicators.

Attachments		Incident Status		Distribution	
Witness Statements (3) Death Certificate/field Sketch/scale Diagram/DI-9		Open		UHP HQ Section County Attorney	
This report is accurate (Officer Signature)	Date	Reviewed by Sergeant	Date	Reviewed by Lieutenant	Date
	05/19/2010				



SR-9 MP 13.2



Agency: Utah Highway Patrol Case No: 12100224	Date: 05/12/2010 Time: 15:53	Location: SR-9 Investigator: TP, J. Gardner	Diagram By: Sgt. Jaharr Heaton County: Washington
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STATEMENT OF FACTS

3:55 PM

NAME: [REDACTED]

DATE/TIME: 5-11-16

APPROX

ADDRESS: [REDACTED]

CITY/STATE/ZIP: St. George UT

DATE OF BIRTH: [REDACTED]

TELEPHONE: HOME [REDACTED]

WORK [REDACTED]

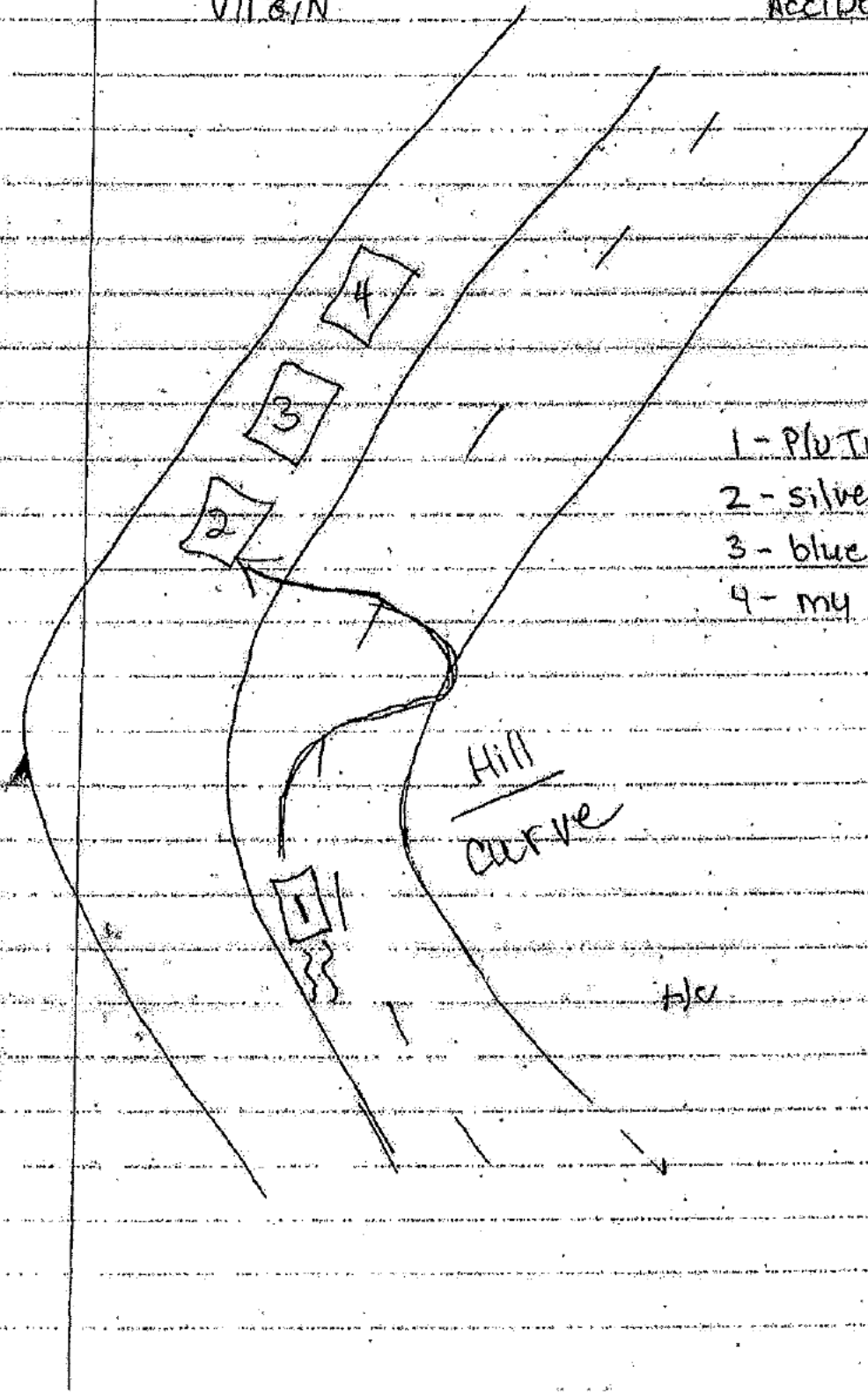
I WAS coming DOWN [REDACTED] from [REDACTED] toward

[REDACTED]. I saw the brownish/gold p/u Truck coming around the curve, coming up the hill. As he came around the curve, his rear-end slid out to the (L). He corrected to the (R) - going into the gravel on the (R) side of the road. His truck then went to the (L) shooting across the two (R) lanes & into the (L) side on-coming lane. He collided into the silver SUV-type car which plowed into the (R) side of the hill. A dark blue Jeep was behind the silver car & collided into the truck. I called 911 to report the accident & request ambulances. Others then stopped, A doctor & an EMT. The driver & passenger of the silver car required immediate help. The driver of the p/u truck could not move - due to extreme back pain. I stayed mostly in his truck w/ him. There was light rain falling & the road was wet.



5-11-10 3:55 PM
Accident

Virgin



- 1 - Plu Truck
- 2 - silver CAR
- 3 - blue JEEP
- 4 - my car

HW

W 100
Officer y. Gardner



STATEMENT OF FACTS

NAME: [REDACTED] DATE/TIME: 16-05-2010 16:00
ADDRESS: [REDACTED] MG
CITY/STATE/ZIP: Berghem the Netherlands DATE OF BIRTH: [REDACTED]
TELEPHONE: HOME [REDACTED] WORK [REDACTED]

[REDACTED] were driving from [REDACTED] to [REDACTED] on [REDACTED] [REDACTED] was driving and [REDACTED] was on the passenger seat. [REDACTED] was paying attention to the road and the cars in front of him, who were slowing down to take turn to the left suddenly a car came towards him from an angle and before [REDACTED] could anticipate anything the car hit him on the front left side. [REDACTED] heard the collision and the window cracking. When he looked up he saw rocks in front of him and almost directly two people showed up, where one of them was holding a phone. [REDACTED] was trapped and could not get out of the car. He heard [REDACTED] breathing, but she was not responding.

Transcribed by: [REDACTED]



STATEMENT OF FACTS

NAME: [REDACTED]
ADDRESS: [REDACTED]

DATE/TIME: 5-12-10 / 1545
3:45 PM

CITY/STATE/ZIP: Hurricane UT [REDACTED] DATE OF BIRTH: [REDACTED]

TELEPHONE: HOME [REDACTED]

C/MC Pick-up crossing EAST on [REDACTED]
crossed yellow line and hit [REDACTED]
Due to wet road was unable to stop or
avoid hitting C/MC P.U.