





ENGINEERING ANALYSIS  
ASSOCIATES  
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DATE: 6-26-07

RECEIVED  
JUN 27 REC'D  
SPECIAL INVESTIGATIONS

**TO: Martell**

**FAX #: 248-512-8748**

**FROM: Charlie Tate, FAA Inc.**

**SUBJECT: CAIR 16423281**

**Hi...Attached is the Accident Report for this case. I retrieved it yesterday. I have also included the "overlays" for this Colorado Report so that you can check out the items in the margins. I'm presently up-loading the photos (resolution a little high, sorry), and will send report after that. Thanks!**

**Charlie Tate  
Denver CO**

**PS there are 8 pages with cover**

DR 2447 (01/06/06)  
COLORADO DEPARTMENT OF REVENUE

MAIL TO: STATE OF COLORADO  
MOTOR VEHICLE  
TRAFFIC RECORDS  
DENVER CO 80261-0016



AMENDED/SUPPL.  UNDER \$1,000  COUNTER REPORT  PRIVATE PROPERTY PAGE 1 OF 4 PAGES

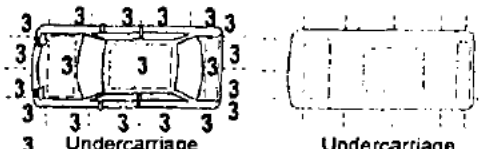
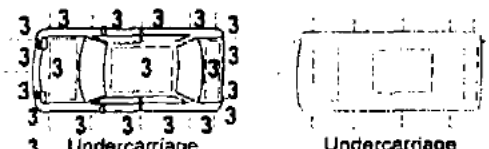
CDOT Code \_\_\_\_\_ HWY NUMBER ROAD CODE DOR Code \_\_\_\_\_  
 INTERSTATE HWY  STATE HWY  CITY ST/CNTY RD  
 01 Case # \_\_\_\_\_ MILEPOINT  1  2  3  4  5  6  7  8  9  10  
 Date of Accident 06/15/2007 City \_\_\_\_\_ Agency Colorado State Patrol County Jefferson County # 11  
 Time (24 Hr) 0937 Officer Number 9226 Officer Name Warren, Larry Stationing \_\_\_\_\_ Detail 6A  
 Number Killed 0 Number Injured 3 Location Route, Street, Road \_\_\_\_\_ Miles 927 Feet \_\_\_\_\_ N  S  E  W  OF: \_\_\_\_\_

11 Date of Report 06/15/2007 Eastbound Colorado 470 At Milepoint 14  
 Agency Code M07 Investigated @ Scene  3 District Number 6A Public Property/ Employee  Photos Taken Related  Railroad Crossing Related  Const Zone Highway Bridge  
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

01 Traffic Unit # 1 or 2  Veh  Parked  Bicycle  Pedestrian  Non-Vehicle  Non-Contact Veh. Traffic Unit # 2 or 2  Veh  Parked  Bicycle  Pedestrian  Non-Vehicle  Non-Contact Veh.  
 11 Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Street Address \_\_\_\_\_ Personal Phone \_\_\_\_\_ Street Address \_\_\_\_\_ Personal Phone \_\_\_\_\_  
 City Lakewood State CO ZIP \_\_\_\_\_ Bus. Phone \_\_\_\_\_ City Lakewood State CO ZIP \_\_\_\_\_ Bus. Phone Unknown  
 Driver License Number \_\_\_\_\_ CDL State CO Sex \_\_\_\_\_ DOB \_\_\_\_\_ Driver License Number \_\_\_\_\_ CDL State CO Sex M DOB \_\_\_\_\_

03 Primary Violation  DUI Careless Driving Caused Bodily Injury Primary Violation  DUI  
 Violation Code \_\_\_\_\_ Citation Number \_\_\_\_\_ Common Code 139 Violation Code \_\_\_\_\_ Citation Number \_\_\_\_\_ Common Code \_\_\_\_\_  
 Year Make Model Body Type Year Make Model Body Type  
 2006 JEEP Grand Cherok UP 2003 HOND Odyssey SO  
 License Plate Number \_\_\_\_\_ State or Country CO Color RED/ License Plate Number \_\_\_\_\_ State or Country CO Color BGE/

04 Vehicle Identification Number 1J8HG58208C Vehicle Identification Number 5FNRL18613B  
 Vehicle Owner Last Name \_\_\_\_\_ Same \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Vehicle Owner Last Name \_\_\_\_\_ Same \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Address  Same \_\_\_\_\_ City Lakewood State CO ZIP \_\_\_\_\_ Address  Same \_\_\_\_\_ City Lakewood State CO ZIP \_\_\_\_\_  
 Towed Due to Damage  By: ACE TOWING ENT To: 7800 WEST JEWELL AVE Lakewood, CO 80232  
 Towed Due to Damage  By: BOB'S TOWING AND RECOVERY to: 4350 S FEDERAL Sheridan, CO 80110

02 Trailer VIN# \_\_\_\_\_ Trailer VIN# \_\_\_\_\_  

  
 1- Slight  
 2- Moderate  
 3- Severe

01 Insurance Company  None  No Proof Exp Date 10/19/2007 Insurance Company  None  No Proof Exp Date 03/16/2008  
 Farmers Policy Number \_\_\_\_\_ Travelers Indemnity Policy Number \_\_\_\_\_  
 01 Owner Damaged Prop. Last Name Colorado Dept. of Transportation Owner Damaged Prop. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Address 4201 E. Arkansas City Denver State CO ZIP 80222  
 Owner Damaged Prop. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

TU #	POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT.	SUSPECTED ALCO	INI. DRUG	AGE	SEX	NAME / ADDRESS
1	1	00	00	B 01	A 01	A 03	00	00	01		_____ CO _____
2	1	00	00	B 00	A 01	A 00	00	00	03		_____ CO _____
2	03	00	00	B 01	A 01	A 01	00	00	03		_____ CO _____
2	05	00	00	E 01	A 01	A 00	00	00	01		_____ CO _____
2	08	00	00	B 00	A 01	A 01	00	00	03		_____ CO _____

Approved By  
Hurt, Joseph

I.D. #  
3960

Date  
06/21/2007

PE14-017 - Chrysler - 07153

LN 244 (01/05/06)  
COLORADO DEPARTMENT OF REVENUE

MAIL TO: STATE OF COLORADO  
MOTOR VEHICLE  
TRAFFIC RECORDS  
DENVER, CO 80261-0016

AMENDED/SUPPL.  UNDER \$1,000  COUNTER REPORT  PRIVATE PROPERTY PAGE 2 OF 4 PAGES

CDOT Code \_\_\_\_\_  INTERSTATE HWY  STATE HWY  CITY ST/CNTY RD

HWY NUMBER ROAD CODE DOR Code  
4 7 0 H470

MILEPOINT  
1 3 .9

01 Case # \_\_\_\_\_

Date of Accident 06/15/2007 City \_\_\_\_\_ Agency Colorado State Patrol County Jefferson County # 11

Time (24 Hr.) 0937 Officer Number 9226 Officer Name Warren, Larry Detail 6A

Number Killed 0 Number Injured 3 Location Route, Street, Road \_\_\_\_\_ Miles 927 Feet \_\_\_\_\_ N  S  E  W  OF: \_\_\_\_\_

11 Date of Report 06/15/2007 Eastbound Colorado 470  Al: Milepoint 14

Agency Code M07 Investigated @ Scene  3 Total Vehicles 8A Distinct Number 8A Public Property/Employee  Photos Taken  Railroad Crossing Related  Const. Zone Related  Highway Interchg.  Bridge Related

01 Traffic Unit # 1 or 3  Veh  Parked  Bicycle  Pedestrian  Non-Vehicls  Non-Contact Veh. Traffic Unit # 2 or \_\_\_\_\_  Veh.  Parked  Bicycle  Pedestrian  Non-Vehicls  Non-Contact Veh.

11 Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ Personal Phone \_\_\_\_\_ Street Address \_\_\_\_\_ Personal Phone \_\_\_\_\_

City Arvada State CO ZIP 80003 Bus. Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Driver License Number \_\_\_\_\_ CDL State CO Sex M DOB \_\_\_\_\_ Driver License Number \_\_\_\_\_ CDL State \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

03 Primary Violation  DUI Violation Code \_\_\_\_\_ Citation Number \_\_\_\_\_ Common Code \_\_\_\_\_ Primary Violation  DUI Violation Code \_\_\_\_\_ Citation Number \_\_\_\_\_ Common Code \_\_\_\_\_

04 Year 2001 Make FORD Model Econoline E3 Body Type Van Year 2001 Make FORD Model Econoline E3 Body Type Van

License Plate Number \_\_\_\_\_ State or Country CO Color WHV License Plate Number \_\_\_\_\_ State or Country \_\_\_\_\_ Color \_\_\_\_\_


04 Vehicle Identification Number 1FT6S34L01H Vehicle Identification Number \_\_\_\_\_

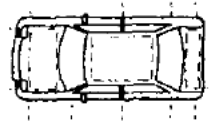
Vehicle Owner Last Name  Same First \_\_\_\_\_ MI \_\_\_\_\_ Vehicle Owner Last Name  Same First \_\_\_\_\_ MI \_\_\_\_\_

04 Address  Same City Arvada State CO ZIP \_\_\_\_\_ Address  Same City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Towed Due to Damage  By: Driven To \_\_\_\_\_ Towed Due to Damage  By: \_\_\_\_\_ To \_\_\_\_\_

02 Trailer VIN# \_\_\_\_\_ Trailer VIN# \_\_\_\_\_

 Undercarriage 1- Slight 2- Moderate 3- Severe

 Undercarriage 1- Slight 2- Moderate 3- Severe

01 Insurance Company  None  No Proof Natl Farmers Union Exp. Date 03/18/2008 Insurance Company  None  No Proof Exp. Date \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

01 Owner Damaged Prop. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State ZIP \_\_\_\_\_

Owner Damaged Prop. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State ZIP \_\_\_\_\_

00 TU # POS REST. ENOD SAFETY EQUIP. AIR BAG F/JECT SUSPECTED INJ ALCO DRUG SEV. AGE SEX NAME / ADDRESS

Approved By  
Hurt, Joseph

I.D. #  
3960

Date  
06/21/2007

Case # [REDACTED] DOR CODE [REDACTED] Accident Date 06/15/2007 Agency Colorado State Patrol

Describe Accident

Vehicle 1 was eastbound Colorado 470 in the right traffic lane. Vehicle 2 was eastbound Colorado 470 in the left traffic lane. Vehicle 3 was eastbound Colorado 470 in the right traffic lane. Vehicle 1 attempted to change into the left traffic lane in front of vehicle 2. Vehicle 1 collided it's left rear side into Vehicle 2's right front side. Vehicle 1 traveled off the left side of the roadway colliding it's front into a guardrail. Vehicle 1 rotated counter clockwise traveling back onto eastbound Colorado 470. Vehicle 1 collided it's under side into the left side of Vehicle 3. Vehicle 1 rolled 1 1/2 times coming to rest on it's top. Vehicle 2 traveled across both lanes of east bound Colorado 470. Vehicle 2 traveled off the right side of the roadway colliding it's front into the concrete median barrier. Vehicle 1 rotated clockwise rolling 1/4 time onto it's right side. Vehicle 1 slid across the eastbound lanes coming to rest on it's right side. Vehicle 3 moved prior to investigation.

**Legend**

Vehicle #1- Travel identified with Black Line

Vehicle #2- Travel identified with Red Line

Vehicle #3- Travel identified with Green Line

P.O.I. #1- Vehicle #1 colliding into Vehicle #2

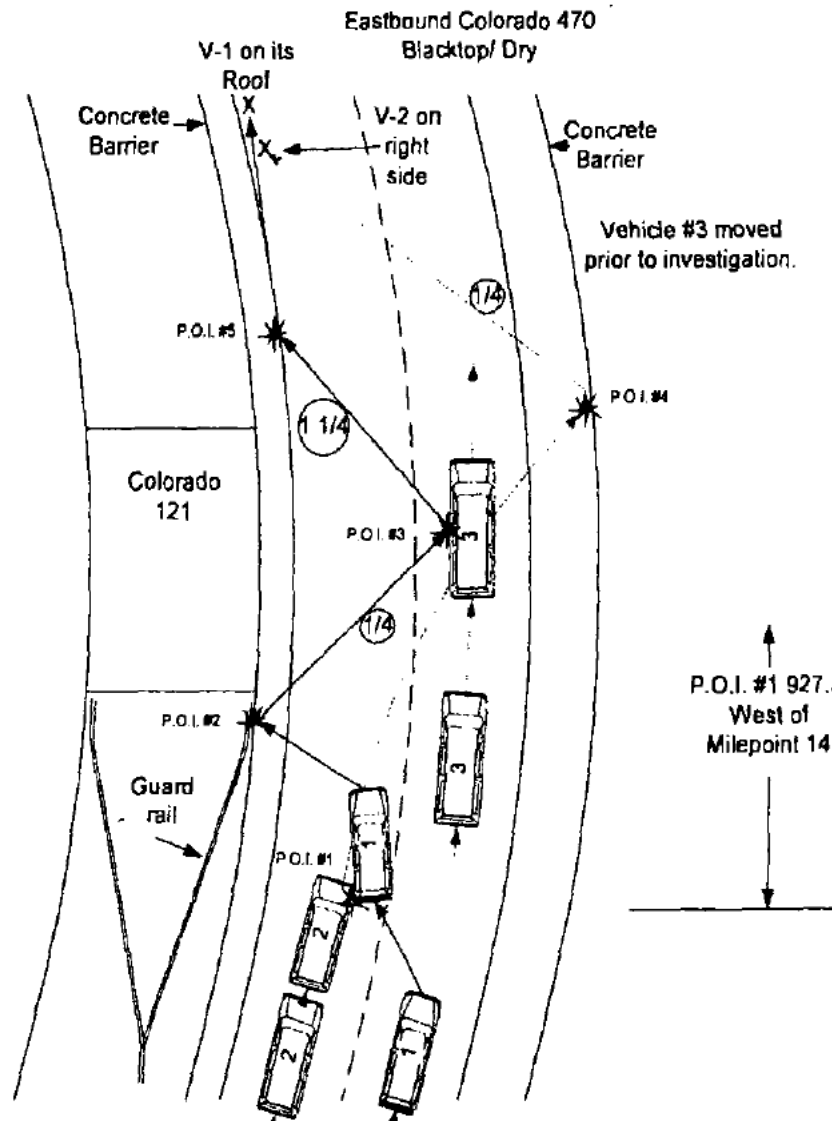
P.O.I. #2- Vehicle #1 colliding into Guardrail

P.O.I. #3- Vehicle #1 colliding into Vehicle #3

P.O.I. #4- Vehicle #2 colliding into concrete barrier

P.O.I. #5- Vehicle #1 colliding into concrete barrier

See narative for description of P.O.I.'s



Carrier Name  
T.U. #1  
Address  
Carrier Name  
T.U. #2  
Address

US DOT  ICC  State DOT   
Carrier Identification #  
US DOT  ICC  State DOT   
Carrier Identification #

AA

Case #

DOR CODE

Accident Date

Agency

Colorado State Patrol

HH

00

AA

Describe Accident

HH

BB

BB

CC

CC

DD

DD

EE

EE

FF

FF

JJ

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JJ

KK

KK

LL

LL

MM

MM

GG

GG

GG

GG

T.U.#3  
T.U.#

Carrier Name

Address

Carrier Name

Address

US DOT

ICC

State DOT

Carrier Identification #

US DOT

ICC

State DOT

Carrier Identification #

NN

NN

NN

NN

**TRAFFIC ACCIDENT REPORT**

**OVERLAY A**

<p><b>A. LOCATION</b></p> <p>01. On Roadway                  02. Ran Off Left Side                  03. Ran Off Right Side                  04. Ran Off 1<sup>st</sup> Intersection                  05. Vehicle Crossed Center Median Into Opposing Lanes                  06. On Private Property</p>	<p><b>K. VEHICLE / VEHICLE COMBINATION</b>                  FMC (Overlay C) Required</p> <p>01. Vehicle / Vehicle Combination (10,001 lbs. and over)                  02. School Bus (all school buses)                  03. Non-school Bus (8 occupants or more including driver) in commerce                  04. Transit Bus                  GVWR 10,000 lbs. or Less                  05. Passenger Car / Passenger Van                  06. Passenger Car / Passenger Van W/ Trailer                  07. Pickup Truck / Utility Van</p> <p>08. Pickup Truck / Utility Van W/Trailer                  09. SUV                  10. SUV W/T-ailer                  11. Motor Home                  12. Motorcycle                  13. Bicycle                  14. Motorized Bicycle                  15. Farm Equipment                  16. Hit &amp; Run Unknown                  17. Light Rail                  18. Other (Describe in Narrative)</p>
<p><b>B. HARMFUL EVENT SEQUENCE</b></p> <p><b>NON-COLLISION ACCIDENT</b></p> <p>01. Overturning                  02. Other Non-Collision</p> <p><b>COLLISION WITH PEDESTRIAN</b></p> <p>03. School Age To / From School                  04. Pedestrian on Toy Motorized Veh                  05. All Other Peds</p> <p><b>COLLISION WITH MOTOR VEHICLE IN TRANSPORT</b></p> <p>06. Front to Front                  07. Front to Rear                  08. Front to Side                  09. Rear to Side                  10. Rear to Rear                  11. Side to Side-Same Direction                  12. Side to Side-Opposite Direction</p> <p><b>COLLISION WITH OTHER VEHICLE</b></p> <p>13. Parked Motor Vehicle                  14. Railway Vehicle/Light Rail                  15. Bicycle                  16. Road Maintenance Equipment</p> <p><b>COLLISION WITH ANIMAL</b></p> <p>17. Domestic Animal                  18. Wild Animal</p> <p><b>COLLISION WITH OBJECT</b></p> <p>19. Light Pole / Utility Pole                  20. Traffic Signal Pole                  21. Sign                  22. Guard Rail                  23. Cable Rail                  24. Concrete Highway Barrier                  25. Bridge Structure                  26. Vehicle Debris or Cargo                  27. Culvert or Headwall                  28. Embankment                  29. Curb                  30. Delineator Post                  31. Fence                  32. Tree                  33. Large Rocks or Boulder                  34. Railroad Crossing Equipment                  35. Barricade                  36. Wall or Building                  37. Crash Cushion / Traffic Barrel                  38. Mailbox                  39. Other Fixed Object (Specify in Narrative)                  40. Other Object (Specify in Narrative)</p>	<p><b>L. DIRECTION OF TRAVEL - PRIOR TO IMPACT</b></p> <p>01. North                  02. Northeast                  03. East                  04. Southeast                  05. South                  06. Southwest                  07. West                  08. Northwest</p>
<p><b>C. APPROACH/OVERTAKING TURN</b></p> <p>01. Approach Turn                  02. Overtaking Turn                  03. Not Applicable</p>	<p><b>M. VEHICLE MOVEMENT - PRIOR TO IMPACT</b></p> <p>01. Going Straight                  02. Slowing                  03. Stopped in Traffic                  04. Making Right Turn                  05. Making Left Turn                  06. Making U-Turn                  07. Passing                  08. Backing                  09. Entering / Leaving Parked Position</p> <p>10. Parked                  11. Changing Lanes                  12. Avoiding Object in Roadway                  13. Weaving                  14. Spun Out of Control                  15. Drove Wrong Way                  16. Other (Describe in Narrative)</p>
<p><b>D. ROAD DESCRIPTION</b></p> <p>01. At Intersection                  02. Driveway Access Related                  03. Intersection Related                  04. Non-Intersection</p> <p>05. Alley Related                  06. Roundabout                  07. Highway Interchange                  08. Parking Lot</p>	<p><b>N. ROADWAY SPEED LIMIT - Vehicles Only</b></p> <p>Traffic Unit #1 or 1                  Traffic Unit #2 or 2</p>
<p><b>E. ROAD CONTOUR</b></p> <p>01. Straight On-Level                  02. Straight On-Grade                  03. Curve On-Level                  04. Curve On-Grade                  05. Hillcrest</p>	<p><b>P. ESTIMATED VEHICLE SPEED - Vehicles Only</b></p> <p>Traffic Unit #1 or 1                  Traffic Unit #2 or 2</p>
<p><b>F. ROAD SURFACE</b></p> <p>01. Concrete                  02. Blacktop                  03. Brick or Block                  04. Gravel, Slag or Stone</p> <p>05. Dirt                  06. Other (Describe in Narrative)                  07. Unknown</p>	<p><b>Q. DRIVER ACTIONS (Officer Opinion Only)</b></p> <p>00. No Action                  01. Exceeded Safe/ Posted Speed                  02. Impeded Traffic                  03. Failed to Yield ROW                  04. Disregard Stop Sign                  05. Failed to Stop at Signal                  06. Disregarded Other Device                  07. Improper Turn                  08. Turned from Wrong Lane or Position                  09. Other Improper Turns</p> <p>10. Lane Violation                  11. Improper Passing on Left                  12. Improper Passing on Right                  13. Followed Too Closely                  14. Improper Backing                  15. Signaling Violation                  16. Reckless Driving                  17. Careless Driving (if used, block R can not be coded "00")</p>
<p><b>G. ROAD CONDITION</b></p> <p>01. Dry                  02. Wet                  03. Muddy                  04. Snowy                  05. Icy                  06. Slushy                  07. Foreign Material</p> <p>08. Dry W/Visible Icy Road Treatment                  09. Wet W/Visible Icy Road Treatment                  10. Snowy W/Visible Icy Road Treatment                  11. Icy W/Visible Icy Road Treatment                  12. Slushy W/Visible Icy Road Treatment</p>	<p><b>R. DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTOR (Officer Opinion Only)</b></p> <p>00. No Apparent Contributing Factor                  01. Asleep at the Wheel                  02. Driver Fatigue                  03. Illness / Medical                  04. Driver Inexperience                  05. Aggressive Driving                  06. Driver Unfamiliar With Area                  07. Driver Emotionally Upset                  08. Evading Law Enforcement Officer</p> <p>09. Physical Disability                  10. DUI, DWAI, DUID                  11. Distracted Passenger                  12. Distracted Cell Phone                  13. Distracted Radio                  14. Distracted Other i.e. Food, Objects, Pet, etc.                  15. Other Factor (Describe in Narrative)</p>
<p><b>H. LIGHTING CONDITION</b></p> <p>01. Daylight                  02. Dawn or Dusk                  03. Dark - Lighted                  04. Dark - Unlighted</p>	<p><b>S. BY PEDESTRIAN ACTION (Officer Opinion Only)</b></p> <p>01. Cross Against Signal                  02. Cross / Enter at Intersection                  03. Cross / Enter NOT at Intersection                  04. Standing in Roadway                  05. Playing in Roadway                  06. Soliciting Rides                  07. Walking in Roadway in Direction of Traffic                  08. Walking in Roadway Against Direction of Traffic                  09. Entering / Exiting Vehicle                  10. Pushing / Working on Vehicle                  11. Lying in Roadway                  12. Other (Describe in Narrative)</p>
<p><b>J. ADVERSE WEATHER CONDITION</b></p> <p>00. None                  01. Rain                  02. Snow / Sleet / Hail</p> <p>03. Fog                  04. Dust                  05. Wind</p>	<p><b>T. VEHICLE DEFECT / CONDITION (Officer Opinion Only)</b></p> <p>00. No Vehicle Defects                  01. Defective Head Light(s)                  02. Defective Brake/Tail Light(s)                  03. Defective Signaling Device                  04. Brakes Defective/Out of Adjustment                  05. Defective Tires                  06. Sudden Tire Failure                  07. Improper Tires for Conditions                  08. Mechanical Failure                  09. Obstructed Window(s)</p> <p>10. Improper Load                  11. Spilled Load - Commercial Aggregate                  12. Spilled Load - Commercial Non-Aggregate                  13. Spilled Load - Other                  14. Parking Violation                  15. Other Defect(s) (Describe in Narrative)</p>

<b>Traffic Unit #</b>																										
<b>Position In / On Vehicle</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td colspan="4">14</td></tr> <tr><td>03</td><td>06</td><td>09</td><td></td></tr> <tr><td>02</td><td>05</td><td>08</td><td>10/11 12</td></tr> <tr><td>01</td><td>04</td><td>07</td><td></td></tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;">13</div> <div style="margin-left: 20px;"> <p>01 Driver 02-09 Passengers 10 Other ENCLOSED passenger/cargo area 11 Other UN-ENCLOSED passenger/cargo area 12 Sleeper Section of Truck 13 Trailer 14 Riding/Hanging on to Exterior of vehicle or trailer 15 Pedestrian</p> </div> </div>										14				03	06	09		02	05	08	10/11 12	01	04	07	
14																										
03	06	09																								
02	05	08	10/11 12																							
01	04	07																								
<b>Compliance with Driving Restrictions</b>	00. Not Restricted 01. Complied With Restrictions 02. Did Not Comply With Restrictions 03. Compliance With Restrictions Not Known																									
<b>Compliance with Driving Endorsements</b>	00. No Driving Endorsements 01. Endorsements Required and Complied With 02. Endorsements Required and Not Complied With 03. Endorsements Required and Compliance Not Known																									
<b>Safety equipment used</b>	SYSTEM A. None B. Shoulder and Lap Belt C. Shoulder belt only D. Lap belt only E. Child safety restraint F. Motorcycle G. Bicycle			USE (Restraints & MC Eye Protection) 00. Not used 01. Properly used 02. Improperly used 03. Unknown 04. Bicycle			HELMET A. N/A (Cars/Trucks) B. No Helmet C. Available, not used D. Helmet Improperly used E. Helmet Properly used F. Unknown G. Big tie Helmet																			
<b>Air Bag</b>	00. Not Equipped 01. Not Deployed 02. Deployed at pos. only 03. Deployed at pos & others			04. Not deployed at pos., deployed at others 05. Unknown			A. None B. Front C. Side D. Curtain E. Rear F. Multiple																			
<b>Ejection</b>	00. No 01. Yes - Partial		02. Yes - Full 03. Extricated																							
<b>Suspected alcohol (Officer Opinion Only)</b>	00. No 01. Yes 02. Unknown																									
<b>Suspected drugs (Officer Opinion Only)</b>	00. No 01. Yes 02. Unknown																									
<b>Injury Severity</b>	00. No injury 01. Complaint of injury 02. Evident - non-incapacitating			03. Evident - incapacitating 04. Fatal																						
<b>Age</b>	Age MUST BE in whole Numbers (Under the Age of 1 year Age = 0)																									
<b>Sex</b>																										
<b>Name / Address</b>																										

Traffic Unit #

Position In / On Vehicle

Compliance with Driving Restrictions

Compliance with Driving Endorsements

Safety Equipment Used -System

-Use

-Helmet

Air Bag -Deployment

Air Bag -Type

Ejection

Suspected alcohol (Officers Opinion Only)

Suspected drugs (Officers Opinion Only)

Injury Severity

Age Age MUST BE in whole Numbers (Under the Age of 1 year Age = 0)



Sex

Name / Address



FEDERAL MOTOR CARRIER INFORMATION

OVERLAY C

<p><b>AA. CARRIER TYPE</b></p> <p>01. Interstate                  02. Intrastate                  03. Government Vehicle (10,001lbs GVWR and over)                  04. Not in Commerce (10,001lbs GVWR and over)                  (If #4 is chosen, complete only blocks CC DD EE, FF, and GG or NN)</p>	<p><b>HH. HAZARDOUS MATERIALS</b></p> <p>Did the vehicle have a hazardous material placard?</p> <p>00. No                  01. Yes</p>			
<p><b>BB. SOURCE OF NAME</b></p> <p>01. Log Book                  02. Shipping Papers, Truck, Bus, or Trip Manifest                  03. Driver                  04. Side of Vehicle</p>	<p><b>JJ. HAZARDOUS MATERIALS</b></p> <p>Was hazardous cargo from the placarded truck released?                  (Do not count fuel from the vehicle fuel tank)</p> <p>00. No                  01. Yes</p>			
<p><b>CC. GROSS VEHICLE WEIGHT RATING</b></p> <p>01. Under 10,001 Pounds                  02. 10,001 to 26,000 Pounds                  03. 26,001 Pounds and Over</p>	<p><b>KK. HAZARDOUS MATERIALS</b></p> <p>Enter the four digit number from the placard. If no number on the placard, enter the four digit identification number from the shipping papers(s).</p> <div style="text-align: center;">  <div style="display: inline-block; border: 1px solid black; padding: 5px; margin-left: 20px;"> <table border="1"> <tr> <td style="text-align: center;">KK</td> </tr> <tr> <td style="text-align: center;">1 3</td> </tr> <tr> <td style="text-align: center;">6 9</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Sample</p> </div> </div>	KK	1 3	6 9
KK				
1 3				
6 9				
<p><b>DD. TOTAL NUMBER OF AXLES</b></p> <p>Enter the total number of axles including truck and trailer</p>	<p><b>LL. HAZARDOUS MATERIALS</b></p> <p>Enter the one digit number taken from the bottom of the placard.</p> <div style="text-align: center;">  </div>			
<p><b>EE. VEHICLE CONFIGURATION</b></p> <p>01. Passenger Car (only if HM placarded)                  02. Light Truck (only if HM placarded)                  03. Bus/Limousine                  04. Single-unit Truck (2 axles)                  05. Single-unit Truck (3 or more axles)                  06. Truck and Trailer                  07. Truck Tractor (Bobtail)                  08. Truck Tractor and Semi-Trailer                  09. Truck Tractor and Double Trailers                  10. Truck Tractor and Triple Trailers                  11. Other (Describe in narrative)</p>	<p><b>MM. LIQUID HAZARDOUS MATERIALS</b></p> <p>Enter the amount of bulk liquid cargo at time of accident.</p> <p>01. 0 to 1,000 gallons                  02. 1,001 to 2,000 gallons                  03. 2,001 to 3,000 gallons                  04. 3,001 to 4,000 gallons                  05. 4,001 to 5,000 gallons                  06. 5,001 to 6,000 gallons                  07. 6,001 to 7,000 gallons                  08. 7,001 to 8,000 gallons                  09. 8,001 gallons and over</p>			
<p><b>FF. CARGO BODY TYPE</b></p> <p>01. Bus/Limousine (seats 9-15 occupants including the driver)                  02. Bus/Limousine (seats 16 or more occupants including the driver)                  03. Van/ Enclosed Box                  04. Cargo Tank                  05. Flatbed Pickup                  06. Dump Bed                  07. Concrete Mixer                  08. Auto Transporter                  09. Garbage Refuse                  10. Grain, Chips, Gravel                  11. Pole                  12. Intermodal Container                  13. Vehicle towing another Vehicle                  14. Fire Apparatus                  15. Ambulance                  16. No Cargo Body                  17. Other (Describe in Narrative)</p>	<p><b>GG. SEQUENCE OF ACCIDENT EVENTS</b></p> <p>Block AA Top</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>NON-COLLISION</b></p> <p>01. Ran Off the Road                      02. Jackknifed                      03. Overturning                      04. Downhill Runaway                      05. Cargo Loss or Shift                      06. Explosion or Fire                      07. Separation of Units                      08. Crossed the Median/Center Line                      09. Equipment Failure (Tires, etc.)                      10. Other (Describe in Narrative)</p> </td> <td style="vertical-align: top;"> <p><b>COLLISION</b></p> <p>11. Pedestrian                      12. Motor Vehicle in Transport                      13. Parked Motor Vehicle                      14. Train                      15. Pedal Cycle (Bicycle, Tricycle, etc.)                      16. Animal                      17. Fixed Object                      18. Work Zone Maintenance Equipment                      19. Other Movable Object                      20. Other (Describe in Narrative)</p> </td> </tr> </table> <p>Block AA Bottom</p>	<p><b>NON-COLLISION</b></p> <p>01. Ran Off the Road                      02. Jackknifed                      03. Overturning                      04. Downhill Runaway                      05. Cargo Loss or Shift                      06. Explosion or Fire                      07. Separation of Units                      08. Crossed the Median/Center Line                      09. Equipment Failure (Tires, etc.)                      10. Other (Describe in Narrative)</p>	<p><b>COLLISION</b></p> <p>11. Pedestrian                      12. Motor Vehicle in Transport                      13. Parked Motor Vehicle                      14. Train                      15. Pedal Cycle (Bicycle, Tricycle, etc.)                      16. Animal                      17. Fixed Object                      18. Work Zone Maintenance Equipment                      19. Other Movable Object                      20. Other (Describe in Narrative)</p>	
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<p>1st</p> <p>2nd</p> <p>3rd</p> <p>4th</p>	<p>Block AA Top</p> <p><b>GG. SEQUENCE OF ACCIDENT EVENTS</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>NON-COLLISION</b></p> <p>01. Ran Off the Road                      02. Jackknifed                      03. Overturning                      04. Downhill Runaway                      05. Cargo Loss or Shift                      06. Explosion or Fire                      07. Separation of Units                      08. Crossed the Median/Center Line                      09. Equipment Failure (Tires, etc.)                      10. Other (Describe in Narrative)</p> </td> <td style="vertical-align: top;"> <p><b>COLLISION</b></p> <p>11. Pedestrian                      12. Motor Vehicle in Transport                      13. Parked Motor Vehicle                      14. Train                      15. Pedal Cycle (Bicycle, Tricycle, etc.)                      16. Animal                      17. Fixed Object                      18. Work Zone Maintenance Equipment                      19. Other Movable Object                      20. Other (Describe in Narrative)</p> </td> </tr> </table> <p>Block AA Bottom</p> <p>1st</p> <p>2nd</p> <p>3rd</p> <p>4th</p>	<p><b>NON-COLLISION</b></p> <p>01. Ran Off the Road                      02. Jackknifed                      03. Overturning                      04. Downhill Runaway                      05. Cargo Loss or Shift                      06. Explosion or Fire                      07. Separation of Units                      08. Crossed the Median/Center Line                      09. Equipment Failure (Tires, etc.)                      10. Other (Describe in Narrative)</p>	<p><b>COLLISION</b></p> <p>11. Pedestrian                      12. Motor Vehicle in Transport                      13. Parked Motor Vehicle                      14. Train                      15. Pedal Cycle (Bicycle, Tricycle, etc.)                      16. Animal                      17. Fixed Object                      18. Work Zone Maintenance Equipment                      19. Other Movable Object                      20. Other (Describe in Narrative)</p>	<p>Block AA Bottom</p> <p>1st</p> <p>2nd</p> <p>3rd</p> <p>4th</p>
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July 11, 2007

[REDACTED]  
Lakewood, CO [REDACTED]

Reference No.: 16423281

VIN: 1J8HG58206C [REDACTED]

Dear [REDACTED]

This will further acknowledge your recent contact with DaimlerChrysler Motors Corporation, regarding an accident in the above-mentioned vehicle.

I have had the opportunity to review the inspection report generated by our engineering firm, and can advise you that the air bag system in your vehicle is operating correctly.

Your air bags are designed to deploy when they determine an impact reading at 30 g's of negative force. Our inspection indicates that your vehicle did not meet these parameters.

With this in mind, I can only suggest allowing your insurance carrier to continue the handling of this claim.

Should they determine a DaimlerChrysler Motors Corporation responsibility exists, they have full subrogation rights under the terms of your policy.

Sincerely,

M. H. Martell  
Special Investigations  
(248) 944-7038

MHM/kat

**CONFIDENTIAL - Prior Approval Required Before Duplicating**  
**Preliminary Vehicle Investigation Report(PVIR)**

CAIR# 16423281

YEAR	BRAND	VEHICLE IDENTIFICATION NUMBER		MO/DY-HR	ODOMETER	IN-SERVICE
2006	JEEP COMMANDER LIMITED 4X4 SPORT UTILITY 4-DR	1J8HG58206C		08-23 07	28502	01/14/2006
NAME OF OWNER		ADDRESS/LOCATION		CITY	STATE	COUNTRY
				LAKWOOD	CO	USA
ZIP	COLOR	MODEL	HOME PHONE	BUSINESS PHONE		
80228-3647	Inferno Red Crystal Pearl Coat	XKJ				
SELLING DEALER NAME		BUSINESS CENTER	DLR. CODE	CITY	STATE	COUNTRY
GO CHRYSLER JEEP WEST		74	24237	GOLDEN	CO	USA
INSPECTOR - NAME FIRST, LAST, MIDDLE		INSPECTOR'S COMPANY		INSPECTOR'S PHONE NO.		
CHARLIE TATE		EAA, INC.		303-773-0096		
DAMAGE ESTIMATE				REPAIR ESTIMATE		
<input type="radio"/> MINOR <input type="radio"/> MODERATE <input checked="" type="radio"/> TOTAL LOSS				\$ .00		

**INTERVIEW**

INTERVIEW WITH:  DRIVER  OWNER  OTHER  DRIVER/OWNER

NAME: LAST, FIRST, MIDDLE [REDACTED]

INTERVIEW DATE: **06/22/2007**      DATE OF INCIDENT: **06/15/2007**      TIME OF INCIDENT: **09:37**  AM  PM      INSPECTION DATE: **06/23/2007**

1. DRIVER'S DESCRIPTION OF EVENT: **DRIVER WAS TRAVELING EAST ON COLORADO 470 AT 75 MPH IN THE PASSING LANE WHEN SHE ELECTED TO PASS A SLOWER VEHICLE ON ITS RIGHT SIDE. AS SHE ATTEMPTED TO MOVE BACK INTO THE PASSING LANE AFTER HAVING PASSED THE SLOWER VEHICLE, SHE CONTACTED THE OTHER VEHICLE'S RF FENDER WITH HER LR QUARTER PANEL CAUSING HER TO LOSE CONTROL. SHE THEN TRAVELED TO THE LEFT SIDE OF THE HIGHWAY HITTING A GUARD RAIL WITH THE FRONT OF THE VEHICLE. THE VEHICLE THEN BOUNCED BACK INTO TRAFFIC HITTING A THIRD VEHICLE, FOLLOWED BY A 1 1/2 TIME ROLL-OVER COMING TO REST ON ITS TOP, STILL ON THE HIGHWAY.**

Insurance Company Name: **FARMERS**

Personal Injury: Were there Personal Injuries?  Yes  No

If Yes, complete section "B"

Any Indicator/Warning Lights on Prior?  Yes  No

If Yes, What light:

**IMPORTANT: SHOW THIS REPORT TO NO ONE & ONLY STATE FACTS (DRAW NO CONCLUSIONS)**

Help Key

**PART A- GENERAL**

**REQUIRED PHOTOGRAPHS:**

ALL FOUR SIDE VIEWS

**IF CRASH DAMAGED:**

PERSPECTIVE FROM EVERY CORNER OF VEHICLE DOWN BOTH ORIGINAL LATERAL

**INFORMATION:**

POLICE/AGENCY REPORT #:

**6A072186**

ALL REPORTS/PHOTOS BY OTHERS

- ADDRESS OF INSPECTION

- EVIDENCE OF TAMPERING OR PRIOR DISASSEMBLY

YES  NO

- IF YES, DESCRIBE AND PHOTOGRAPH

SIGHT LINES(8 TOTAL)  
 - ANY RECENT VEHICLE  
 SERVICE  
 YES  NO  
 UNKNOWN  
 IF YES, ENCLOSE COPIES OF  
 REPAIR ORDERS

Address **ACE TOWING**  
 1  
 Address  
 2  
 City **LAKWOOD**  
 State **CO**  
 Zip **80232**  
 Phone **303-763-5330**

---

### PART B - EXTERIOR/INTERIOR VEHICLE DAMAGE

---

#### REQUIRED PHOTOGRAPHS:

- WINDSHIELD
- ALL AREAS OF DAMAGE  
MARKINGS ON INTERIOR  
AND EXTERIOR
- CLOSE UPS OF STAINS,  
SKIN, HAIR, CLOTH
- EXTERIOR AND INTERIOR  
DAMAGE INCLUDING  
UNDERCARRIAGE

#### INFORMATION:

- DESCRIBE ANY INJURIES TO  
DRIVER AND/OR OTHER  
OCCUPANTS
- SEE SEAT BELT/SEATS  
SECTION IF APPLICABLE

**THERE WAS CRUSH AND SCRAPE DAMAGE TO ALL EXTERIOR PANELS EXCEPT THE TAILGATE. BOTH LF AND RF DOOR GLASS WAS BROKEN, AS WAS THE W/SHIELD AND SUNROOF GLASS. THE FRONTAL IMPACT APPEARED TO BE CONCENTRATED AT THE RF BUMPER SUPPORT AREA, KNOCKING OFF THE BUMPER COVER, GRILL, HEADLIGHTS, AND CRUSHING THE TWO FRONT FENDERS. THE AC CONDENSER AND RADIATOR DID NOT APPEAR TO BE SERIOUSLY IMPACTED. THE ROLL-OVER CAUSED THE REST OF THE BODY DAMAGE. THE UNDERCARRIAGE COULD NOT BE OBSERVED AT THIS LOCATION, AND TOWING WAS DEEMED AN UN-NECESSARY EXPENSE DUE TO THE CONDITION OF THE VEHICLE, INCLUDING TWO DAMAGED WHEELS/TIRES ON THE LEFT SIDE. THE DRIVER RECEIVED SOFT TISSUE/MUSCLE INJURY TO HER HIP, SHOULDERS AND NECK. SHE WAS NOT HOSPITALIZED. SHE WAS CUT FROM HER SEATBELT BY RESCUERS.**

Next

**PART C - AIRBAG(S)**

**REQUIRED PHOTOGRAPHS**

- STEERING WHEEL
- AIRBAG(S)
- KNEE BLOCKERS
- ALL POSSIBLE LOCATIONS OF CONTACT

**AECM INFORMATION**

- SOFTWARE VERSION:

**06.DZE1**

- SERIAL NUMBER :

- PART NUMBER :

**56038801AD**

- DOES AIRBAG WARNING LIGHT CYCLE ON?

YES  NO  N/A

- ARE WARNING LABELS PRESENT (PHOTO)

YES  NO  N/A

- RECORD LABEL PART NUMBER

**55361230AA**

**COMPLETE PART D**

- PHOTOGRAPH REQUIRED FOR DRB SCREENS & RECORD FAULTS  
 - WERE THERE DRB READINGS TAKEN?

YES  NO IF NO, EXPLAIN

- RECORD ACTIVE DTC'S EXACTLY AS APPEAR :	MIN	COUNT
<b>B223D, B1B2A, U0241, U0231</b>	NA	NA
- RECORD STORED DTC'S (MINUTES/COUNTS) :	MIN	COUNT
<b>B1BA6, B210D, U1414, U1415</b>	NA	NA

- WAS AIRBAG DEPLOYED?

DRIVER  YES  NO

IF NO, EXPLAIN **UNKNOWN**

PASSENGER  YES  NO

IF NO, EXPLAIN **DISABLED**

SIDE AIRBAG  YES  NO  N/A

IF NO, EXPLAIN **UNKNOWN**

- WHICH SIDE DEPLOYED?

LEFT  RIGHT  N/A  BOTH

- TYPE OF SIDE AIRBAG

SEAT  CURTAIN  N/A

- TYPE OF STEERING WHEEL

TILT  STANDARD

- ANY DAMAGE TO STEERING WHEEL

YES  NO

IF YES, EXPLAIN

**DO NOT ERASE DRB READINGS**

IS VEHICLE EQUIPPED WITH PASSENGER AIRBAG DEFAULT SWITCH?

YES  NO

IF YES,

NOTE POSITION OF PASSENGER A/B SWITCH

ON  OFF  N/A

- EVIDENCE OF TAMPERING OR DISASSEMBLY?

YES  NO  N/A

IF YES, EXPLAIN

CHECK ENTIRE UNDERBODY FOR HIDDEN DAMAGE INCLUDING FRONT AND REAR SUSPENSION COMPONENTS

- UNDERBODY DAMAGED?

YES  NO

IF YES, EXPLAIN

PHOTOGRAPH REQUIRED

**PART D - SEATS/SHOULDER BELTS**

**REQUIRED PHOTOGRAPHS:**

- OVERALL SEAT BELTS I/B & O/B
- CLOSE UP OF ANY IRREGULARITIES
- LATCHPLATE WEAR
- CLOSE UP D-RING TO SHOW LOADING
- OVERALL OF SEAT
- CLOSE UP OF DAMAGE
- RECORD DTC'S:

**INFORMATION:**

- LOCATE SEAT BELT LABELS AND RECORD ALL INFORMATION (SOME LABELS ARE SEWN TO WEBBING, OTHER LABELS ARE ON THE RETRACTOR FRAME: INBOARD SEAT BELT LABELS ARE NEAR THE FLOOR):

**LEFT-NA RIGHT-NA**

- RECORD ALL INFORMATION STAMPED ON LATCHPLATE

**LEFT-NA RIGHT-NA**

- PRETENSION DEPLOYED?

YES  NO  UNKNOWN

- EXISTING LOCATION OF RECLINER - DESCRIBE THE LOCATION AND PICTURE OF SEAT BACK WITH B PILLOR AS REFERENCE AND INCLINOMETER READING

**LEFT-10 DEGREES RIGHT-10 DEGREES**

EXISTING LOCATION OF HEAD RESTRAINT (MEASURE GAP UNDER HEAD RESTRAINT):

**LEFT-1 1/2 INCH RIGHT- 0 INCH**

IF ALLOWED. FUNCTION BELTS TO INSURE THEY FUNCTION PROPERLY

NOTE RESULTS

- DOES THE BUCKLE LATCH?

YES  NO

IF NO, EXPLAIN

- DO THEY RELEASE?

YES  NO

IF NO, EXPLAIN

- DO THEY RETRACT?

YES  NO

IF NO, EXPLAIN

- ANY LOOSENESS OR BROKEN PARTS

YES  NO

IF YES, EXPLAIN?

**LF SEATBELT CUT BY RESCUERS**

- CHECK FOR SEAT RETAINING BOLTS

NORMAL

BROKEN

LOOSE

MISSING

- NOTE AND RECORD APPROX. SEAT TRACK OVERLAP

**LEFT- MAX REARWARD RIGHT- EVEN**

---

**PART - E TRANSMISSION NOT APPLICABLE**

---

Previous

Next

**PART - F UNINTENDED ACCELERATION NOT APPLICABLE**

**PART - G BRAKES NOT APPLICABLE**

**PART - H STEERING/SUSPENSION/TIRES NOT APPLICABLE**

**PART - I AXLE/DIFFERENTIAL NOT APPLICABLE**

**PART J - ADDITIONAL COMMENTS (DO NOT DRAW ANY CONCLUSIONS)**

**AIRBAG DATA WAS RETRIVED USING STARMOBILE. THE DRIVER `S SEATBELT PROVIDED INSTANT LOCK-UP WHEN TUGGED. IT WAS, HOWEVER, CUT BY RESCUERS. THE DRIVER WAS ALONE AND RECEIVED ONLY MINOR INJURIES.**

Previous

Form Approved

Returned for corrections





## Data Display - ORC

Name	Value	Unit
First Row Right Pretensioner	2.4	Ohms
Second Row Left Pretensioner	0.0	Ohms
Second Row Right Pretensioner	0.0	Ohms
Second Row Center Pretensioner	0.0	Ohms
ECU Voltage Source	9.3	Volts
<b>Bussed Inputs</b>		
ABS Faulty, Indicator Lamp Request	Present	
FSP Faulty, Indicator Lamp Request	Present	

- Show Graph
- Add to Graph
- Remove From Graph
- Isolate Row
- More Options

B223D OCM DTC Present      Active



km/h

28502 mile

# Data Display - ORC

	Name	Value	Unit
▲	Bussed Inputs		
	ABS Faulty, Indicator Lamp Request	Present	
	ESP Faulty, Indicator Lamp Request	Present	
	ESP Indicator Lamp, Steady State Request	Present	
☞	ESP Indicator Lamp, Flashing Lamp Request	Not Present	
	Park Brake Indicator Lamp	Off	
	Brake Ind. Lamp Flash (Lost ABS Msg)	Off	
▼	Malfunction Indicator Status	On	

- Show Graph
- Add to Graph
- Remove From Graph
- Isolate Row
- More Options

B223D OCM DTC Present

Active

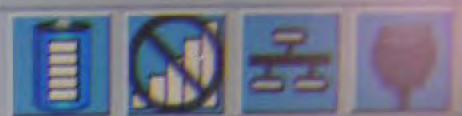
# Data Display - ORC

Name	Value	Unit
ESP Indicator Lamp, Flashing Lamp Request	Not Present	
Park Brake Indicator Lamp	Off	
Brake Ind. Lamp Flash (Lost ABS Msg)	Off	
Malfunction Indicator Status	On	
Airbag Indicator Lamp Status	Lamp On	
Passenger Airbag Indicator Lamp Status	Lamp Off	
Request MIL ON (OBD II)	True	
Request MIL Blink (OBD II)	False	

- Show Graph
- Add to Graph
- Remove From Graph
- Isolate Row
- More Options

B223D OCM DTC Present

Active



### Data Display - ORC

	Name	Value	Unit
▲	Brake Ind. Lamp Flash (Lost ABS Msg)	Off	
	Malfunction Indicator Status	On	
	Airbag Indicator Lamp Status	Lamp On	
	Passenger Airbag Indicator Lamp Status	Lamp Off	
	Request MIL ON (OBD II)	True	
	Request MIL Blink (OBD I)	False	
	<b>Bussed Outputs</b>		
▼	SRS Indicator Lamp Request	On	

B223D OCM DTC Present

Active

Show Graph

Add to Graph

Remove From Graph

Isolate Row

More Options

# Data Display - ORC

	Name	Value	Unit
▲	Passenger Airbag Indicator Lamp Status	Lamp Off	
	Request MIL ON (OBD II)	True	
	Request MIL Blink (OBD I)	False	
Bussed Outputs			
	SRS Indicator Lamp Request	On	
	Passenger Airbag Status	Disabled	
	Passenger Airbag Disable Lamp Request	On	

Show Graph

Add to Graph

Remove From Graph

Isolate Row

More Options

B223D OCM DTC Present Active



2006 XK

5.7L

1J8HG58206C



## Actuators - ORC

	Actuator Name
	Bussed SRS Indicator Lamp Request
	Passenger Airbag Disable Indicator Lamp Request



Ac

S  
Actu

View  
Data

Tech  
Tips

Toggle  
Row  
Height



## ECU Details

Name	Value
VIN (Original)	1J8HG58206C [REDACTED]
VIN (Current)	1J8HG58206C [REDACTED]
ECU Part Number	56038801AD
Hardware Version (Major/Minor)	00 00
Software Version (Major/Middle/Minor)	06 D2 E1
Diagnostic / DDT Version	54
Variant ID	ORC - CAN B
Production / Development ECU	In Production
Supplier ID	Bosch
ECU Origin	DCA
Model Year	06
Vehicle Line	XK
Body Style	4-Door Sedan
Country Code	USA
Serial Number	T52MD217550841
ECU File Name	ORC/01

Config  
InfoToggle  
Row  
Height

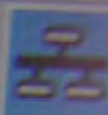




2006 XK

5.7L

1J8HG58206C



## Flash ORC

Resident flash files for Part # 56038801AD

New P/N	Type	Calibration
---------	------	-------------

Update  
Control

Browse  
For New  
File

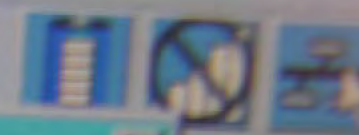
Manage  
Files

Tech  
Tips

## EV Data - ORC

Name	Value	Unit
1st Row Driver Seat Belt Pretensioner Circuit Open	B1B2A	
DTC Readiness Flag	Test Complete	
DTC Storage State	DTC Present at	
Warning Indicator Request State	Warning Indicat	
Odometer	28513.4	miles
Accumulation Timer	48	minutes
Ignition Key Cycles	0	cycles

Toggle  
Row  
Height



### StarMobile Wired Network Settings

Name	Value
------	-------

#### Built-in Ethernet Settings & Status

Enabled	Yes
---------	-----

Physical Connection	Yes
---------------------	-----

#### IP Settings

DHCP Enabled	Yes
--------------	-----

IP Address	169.254.137.110 (DHCP)
------------	------------------------

Subnet Mask	255.255.000.000 (DHCP)
-------------	------------------------

Default Gateway	169 254 137 110 (DHCP)
-----------------	------------------------

Change

Test

Tech Tips

Toggle Row Height

Close

H  
P

























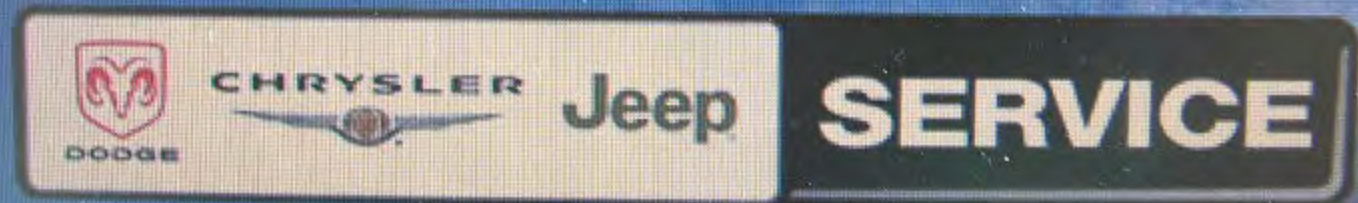




Shortcut to  
Power Options

# StarMOBILE

*Diagnostics in Motion...*



*Finding StarMOBILE devices...*



Usage of this product is subject to the end-user license agreement, viewable at Show Shortcuts>Tool Menu>License Information. Chrysler, Jeep and Dodge are registered trademarks of DaimlerChrysler Corporation.













HOLD

CSP  
6-15-7  
6A072186  
131

15

John Elway  
4x4  
LIMITED

57L  
HEMI













MSVILLE S/N 65G0P3F1 17-58  
DaimlerChrysler  
P/N PD4692  
MODULE S/N T650H2285Y6K12  
**024AG**



AutoNation



AutoNation













57L  
HEMI





17-59  
1 800-855-0001  
FROM: JACOBUS, J. J.  
TO: JACOBUS, J. J.  
024AG  
621042285JGK12

824

## StarMOBILE Discovery Wizard

### Default StarMOBILE Device Found

Your default StarMOBILE device has been discovered on your network.



#### Default StarMOBILE Device Information

Name : C0601-01605

VIN : 1J8HG582060 [REDACTED]

Serial Number : C0601-01605

Year : 2006

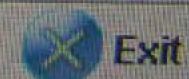
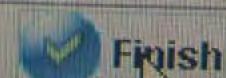
IP : 169.254.137.110

Body : XK

#### Connection Options

- Connect to your default StarMOBILE device
- Press 'Next' to search for other StarMOBILE devices...
- Start the StarMOBILE Desktop Client in Disconnected Mode

Press 'Next' to connect to your default StarMOBILE device...



# StarMOBILE Discovery Wizard

## StarMOBILE Discovery

Select an available StarMOBILE device from the list below. This list automatically refreshes when StarMOBILE device information changes.



### Available StarMOBILE Devices

Locked	Device	Year/Body	VIN
<input type="checkbox"/>	C0601-01605	2006-XK	1J8HG58206C [REDACTED]

### Selected StarMOBILE Device Information

Name :

Serial Number :

IP :

Back

Refresh

Exit

Comparing



KG 06400 LB

65R17 TIRES

PA ( 35 PSI) COLD

65R17 TIRES

PA ( 35 PSI) COLD



THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY AND THEFT PREVENTION STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

VIN: 1J8HG58206C [REDACTED]

VEHICLE MADE IN U.S.A.

TYPE:

PAINT: PRJ

MPV

TRIM: SLD1

MDH: 082307 389AA

4648509

# StarMOBILE Discovery Wizard

## StarMOBILE Discovery

Select an available StarMOBILE device from the list below. This list automatically refreshes when StarMOBILE device information changes.



### Available StarMOBILE Devices

Locked	Device	Year/Body	VIN
<input type="checkbox"/>	C0601-01605	2006-XK	1J8HG582060 [REDACTED]

### Selected StarMOBILE Device Information

Name : C0601-01605

Serial Number : C0601-01605

IP : 169.254.137.110

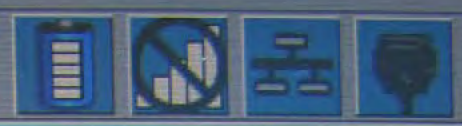
Press 'Next' to connect to the selected StarMOBILE device...

Back

Next

Exit

Expiration



# Home

ECU View

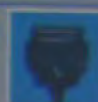
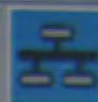
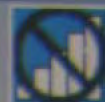
Flash Download

Network View

Vehicle Preparation

System View

More Options

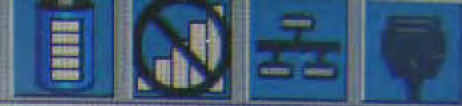


## ECU View

Controller Name	Active	DTCs	Bus
PCM NGC III Engine	<input checked="" type="checkbox"/>	2	CAN C
TCM NGC III Transmission (EATX)	<input checked="" type="checkbox"/>	1	CAN C
ABS Anti Lock Brakes / Electronic Stability	<input checked="" type="checkbox"/>	7	CAN C
AHBM	<input checked="" type="checkbox"/>	---	CAN B
AMP Amplifier	<input checked="" type="checkbox"/>	4	CAN B
CCN Cabin Compartment	<input checked="" type="checkbox"/>	7	CAN B
DDM Driver Door	<input checked="" type="checkbox"/>	7	CAN B
FCM (CGW) Front Control/Central Gateway	<input checked="" type="checkbox"/>	16	DIAG CAN C

# ECU View

Controller Name	Active	DTCs	Bus
FCM (CGW) Front Control/Central Gateway	<input checked="" type="checkbox"/>	16	DIAG CAN C
FDCM Final Drive Control	<input checked="" type="checkbox"/>	3	CAN C
HSM Heated Seat	<input checked="" type="checkbox"/>	3	CAN B
HVAC Heat Ventilation and A/C	<input checked="" type="checkbox"/>	0	CAN B
LRSM	<input checked="" type="checkbox"/>	---	CAN B
MSMD Memory Seat	<input checked="" type="checkbox"/>	4	CAN B
OCM Occupant Classification	<input checked="" type="checkbox"/>	4	CAN B
ORC Occupant Restraint	<input checked="" type="checkbox"/>	8	CAN B



### ECU View

Controller Name	Active	DTCs	Bus
HSM Heated Seat	<input checked="" type="checkbox"/>	3	CAN B
HVAC Heat Ventilation and A/C	<input checked="" type="checkbox"/>	0	CAN B
LRSM	<input checked="" type="checkbox"/>	---	CAN B
MSMD Memory Seat	<input checked="" type="checkbox"/>	4	CAN B
OCM Occupant Classification	<input checked="" type="checkbox"/>	4	CAN B
ORC Occupant Restraint	<input checked="" type="checkbox"/>	8	CAN B
PDM Passenger Door	<input checked="" type="checkbox"/>	7	CAN B
PTS Parktronics	<input checked="" type="checkbox"/>	3	CAN B

# ECU Overview - ORC

Hardware Version: 00.00

Software Version: 06.D2.E1

Part Number: 56038801AD

Country Code: USA

Data Display

Actuators

Misc.  
Functions

More Options

View DTCs

Active: 4

Stored: 4

Pending: 0

StarMOBILE Desktop...

10:57 AM



# DTCs - ORC

Code	Status	Description
B223D	Active	OCM DTC Present
B1BA6	Stored	Occupant Classification Undetermined
B210D	Stored	Battery Voltage Low
U1414	Stored	Implausible/Missing ECU Network Configuration Data
U1415	Stored	Implausible/Missing Vehicle Configuration Data
B1B2A	Active	1st Row Driver Seat Belt Pretensioner Circuit Open
U0241	Active	Lost Communication With Auto Highbeam Headlamp Control Module
U0231	Active	Lost Communication With Light Rain Sensing Module

- Clear
- Store
- DTC
- Environment
- Data
- Technical
- Tips
- Toggle
- Row
- Height

StarMOBILE Desktop Client

Internet Explorer

My Documents

Recycle Bin





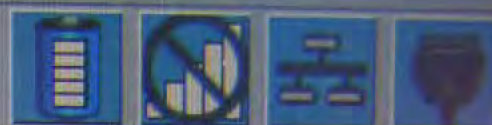
# Data Display - ORC

Name	Value	Unit
Driver Airbag Squib#1	3.4	Ohms
Driver Airbag Squib#2	3.5	Ohms
Passenger Airbag Squib#1	2.5	Ohms
Passenger Airbag Squib#2	2.5	Ohms
Driver Inflatable Knee Bolster	0.0	Ohms
Left Inflatable Curtain Squib#1	2.5	Ohms
Left Inflatable Curtain Squib#2	0.0	Ohms
Right Inflatable Curtain Squib#1	2.5	Ohms

- Show Graph
- Add to Graph
- Remove From Graph
- Isolate Row
- More Options

B223D OCM DTC Present

Active



### Data Display - ORC

Name	Value	Unit
Left Inflatable Curtain Squib#2	0.0	Ohms
Right Inflatable Curtain Squib#1	2.5	Ohms
Right Inflatable Curtain Squib#2	0.0	Ohms
Driver Digressive Load Limiter	0.0	Ohms
Passenger Digressive Load Limiter	0.0	Ohms
First Row Left Pretensioner	7.9	Ohms
First Row Right Pretensioner	2.4	Ohms
Second Row Left Pretensioner	0.0	Ohms

Show Graph

Add to Graph

Remove From Graph

Isolate Row

More Options

B223D OCM DTC Present

Active





01A  
HV910



Jeep

PE14-017 - Chrysler - 07226



PE14-017 - Chrysler - 07227











# StarMOBILE Discovery Wizard

## StarMOBILE Discovery

Select an available StarMOBILE device from the list below. This list automatically refreshes when StarMOBILE device information changes.



### Available StarMOBILE Devices

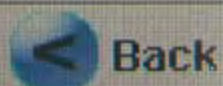
Locked	Device	Year/Body	VIN
<input type="checkbox"/>	C0601-01605	????-??	????????????????

### Selected StarMOBILE Device Information

Name :

Serial Number :

IP :



Corporation.







JUN 27 REC'D 5800 Enterprise Drive  
Warren, MI 48092

SPECIAL INVESTIGATIONS

**Facsimile Cover Sheet**  
**DaimlerChrysler Special Investigations Inspection Request**  
New project number effective January, 2007  
DAIM-2007

Owner: [REDACTED]

Project No. DAIM-2007

CAIR No.: 16429177

TO: Joe O'Connor

FROM: EAA FC

Date Sent: 6/22/07

DUE DATE: 6/27/07

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

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

Date: \_\_\_\_\_

**Coversheet for DaimlerChrysler (Service Associate use only)**  
**(Also fax or email to EAA for closure)**

\*Closure Date: \_\_\_\_\_

**DaimlerChrysler Fax No.: 248- 512-8748**

Martell (248) 944-7038

Bott (248) 944-7056

Porterfield (248) 944-7134

Susalla (248) 944-7149

Comments: \_\_\_\_\_

DAIM-2007

Case#

Owner:

## PHOTO LOG by Joseph T. O'Connor

- 1: NYS Inspection, NYS Registration, VIN Plate 1J8GR48K87C
- 2: L/F Ball Joint & C/V Joint assy - looking front to rear
- 3: R/F Ball Joint & C/V Joint assy - looking front to rear
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- 46: Brake Master Cyl, full
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- 48: Drive belt assy
- 49: Looking down at rear of R/F headlamp assy
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- 51: Engine compartment
- 52: L/S of vehicle
- 53: Steering Wheel & Air Bag Assy
- 54: Instrument cluster, 4836 miles showing
- 55: Instrument cluster bulb check
- 56: Parking brake in applied position, trans in Park
- 57: Center console
- 58: Passenger air bag assy and dash pad
- 59: Air bag warning, drivers side visor p/n 55361-230AA
- 60: Roll Over warning, drivers side visor p/n 55361-154AB
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- 77: Rear of drivers seat
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- 87: Cargo area
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- 92: Pass air bag, glove box, dash pad & seat
- 93: Pass side glove box and air bag
- 94: R/R ¼ panel
- 95: Right side doors showing damage
- 96: R/F door & fender
- 97: L/S of body from rear
- 98: L/R angle
- 99: Left side doors
- 100: L/F Fender
- 101: L/F Headlamp
- 102: Measurement from cowl to radiator support L/S
- 103: Shows location of measurement in #102
- 104: Measurement from cowl to radiator support R/S
- 105: Shows location of measurement in #104
- 106: Measurement from seat back rest to steering wheel
- 107: Shows location of measurement in #106
- 108: Measurement from brake pedal to front edge of drivers seat
- 109: Measurement from brake pedal to front edge of drivers seat
- 110: Shows location of measurement in #108 & #109
- 111: L/S of windshield – not damaged
- 112: R/S of windshield – not damaged
- 113: Star Scanner – 1 PCM Code
- 114: Star Scanner – 1 PCM Code
- 115: Star Scanner – NO ORC Codes
- 116: Star Scanner – NO ORC Codes
- 117: Star Scanner – PCM Code – P0585 Pending Speed Control S/W ½ Correlation

### ACCIDENT INFORMATION EXCHANGE FORM

For State Law Purposes (Section 602.1) any accident resulting in a fatality, injury or damage to property of any person (including damage to your vehicle) or entity over \$1000, be reported by YOU to the Department of Motor Vehicles (DMV) within 10 days after an accident. Failure to report an accident or failure to give correct information is a misdemeanor and may result in the suspension/revocation of your driver's license for operating without a license in NY, and all vehicle certifications or registrations.

Report your Accident to DMV on DMV form MV-104 (Report of Motor Vehicle Accident). Police Accident Reports (DMV form MV-104A) DO NOT satisfy YOUR civilian reporting requirements.

Accident Report # SP4568003064	Local Codes	Date 06/21/2007	Time 5:47 PM	Lat Veh.	Town, City, Road Name CORTLANDT TOWN CT - 1051	ORIGIN RD
Police Agency SP CORTLANDT - 10302		Officer's Name/ Badge ID# Malar R A 4350				

#### VEHICLE # 001

Operator's Name [REDACTED]		Date of Birth [REDACTED]	Address [REDACTED]			
City/State/Zip CORTLANDT TOWN NY [REDACTED]	Motorist I.D.# [REDACTED]	Vehicle Year and Make 2007 JEEP		License Plate # and State [REDACTED] NY		
Insurance Code and Company 957 - COMMERCE & INDUSTRY INS		Vehicle Owner [REDACTED] HARK E				
Vehicle Towed By NORTHERN WESTC		Vehicle Towed To NORTHERN WESTC				

Miscellaneous Notes

#### VEHICLE # 002

Operator's Name [REDACTED]		Date of Birth [REDACTED]	Address [REDACTED]			
City/State/Zip CORTLANDT TOWN NY 10510	Motorist I.D.# [REDACTED]	Vehicle Year and Make 2005 ACUR		License Plate # and State [REDACTED] NY		
Insurance Code and Company WILFALLSTATE INS CO		Vehicle Owner [REDACTED] THOMAS M				
Vehicle Towed By [REDACTED]		Vehicle Towed To [REDACTED]				

Miscellaneous Notes

If you want to purchase a copy of the police accident report, form MV-104A, complete DMV's REQUEST FOR COPY OF ACCIDENT REPORT form MV-1080 and send it to DMV. The form and instructions are available at [www.nysdmv.com](http://www.nysdmv.com) or at your local DMV office.

To obtain a blank civilian Accident Report (Form MV-104), visit the DMV office nearest you or access forms online at: [www.nysdmv.com](http://www.nysdmv.com).



RECEIVED

JUN 27 REC'D

SPECIAL INVESTIGATIONS

5900 Enterprise Drive  
Warren, MI 48092

Facsimile Cover Sheet

DaimlerChrysler Special Investigations Inspection Request  
New project number effective January, 2007  
DAIM-2007

Owner: [Redacted]

Project No. DAIM-2007

CAIR No.: 16429177

TO: Joe O'Connor

FROM: EAA FC

Date Sent: 6/22/07

DUE DATE: 6/27/07

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

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

Date: 6/25, 2007

Coversheet for DaimlerChrysler (Service Associate use only)  
(Also fax or email to EAA for closure)

\*Closure Date: 6-26-07

**DaimlerChrysler Fax No.: 248-512-8748**

Martell (248) 944-7038

Bott (248) 944-7056

Porterfield (248) 944-7134

Susalla (248) 944-7149

Comments: \_\_\_\_\_

*Closing to  
586-582-5840*

*See Attached  
File  
log*

DAIM-2007

Case#

Owner:

## PHOTO LOG by Joseph T. O'Connor

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June 28, 2007

[REDACTED]  
Cortlandt Manor, NY [REDACTED]

Reference No.: 16429177

VIN: 1J8GR48K87C [REDACTED] 007 Jeep Grand Cherokee

Dear [REDACTED]

I have had the opportunity to review the inspection report generated by our engineering firm, and can advise you that our findings indicate that the air bag system operated as designed by not deploying.

Our inspection results show the angle of impact was greater than 30° from head-on. Air bags are designed to deploy in collisions that are closer to a direct head-on impact.

Our report also shows that the damage to your vehicle, while severe, was centered on the right side of the vehicle. This would not have created the 17 g's of force necessary to deploy the air bag.

Lastly, no impact occurred between the pillars of the front door that would cause the side air bags to activate.

Your Safety Restraint System was completely checked, and found to be operational.

After reviewing all of the facts included in our files, I can assure you that the air bag non-deployment was proper.

We appreciate the opportunity to review this situation.

Sincerely,

Roger  
Special Investigations  
(248) 944-7056

RAB/kat