

EA19-001

FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

EA19-001_OTHER NO INSPECTION
INJURY FATALITY_Legal Summaries

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	7/16/2018
MODEL/MODEL YEAR	2016 Jeep Patriot Latitude 4x4
VIN	[REDACTED]
MILEAGE	Unknown
OWNER	[REDACTED] Atlantic City, NJ [REDACTED]
COURT	N/A
DOCKET #	N/A
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
DESCRIPTION	On [REDACTED] at 3:13 a.m., 2016 Jeep Patriot Latitude driver, [REDACTED] (age [REDACTED]) struck a utility pole on [REDACTED], in Galloway Township, New Jersey. [REDACTED] alleges that the air bag non-deployment caused her face to strike the steering wheel resulting in injuries. She sustained [REDACTED]. [REDACTED] She was charged with driving under the influence by the investigating officer, who traced a transmission fluid leak from the scene to her apartment, where he found [REDACTED] slumped over the wheel and bleeding. Restraints used.
ANALYSIS	FCA US did not inspect the vehicle because it was no longer available for inspection. No photos of the vehicle were available. Based upon the facts known to date, there is no indication that this incident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	Unknown
DATE OF NOTICE	10/27/2010
MODEL/MODEL YEAR	2010 Ram 1500 Laramie Crew Cab 4x4
VIN	[REDACTED]
MILEAGE	10,000
OWNER	[REDACTED] Wintersville, OH [REDACTED]
COURT	N/A
DOCKET #	N/A
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	[REDACTED] was driving the 2010 Ram 1500 Laramie Crew Cab 4x4 when he was involved in an accident. He stated a vehicle pulled up in front of him causing a collision. He claimed his air did not deploy. He stated the other person in the vehicle was taken to a hospital and he only received minor cuts and scratches. FCA US has no other information regarding injuries.
PROPERTY DAMAGE	Yes
INJURIES	2
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle because it was no longer available for inspection. Based upon the facts known to date, there is no indication that this accident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	08/30/2016
MODEL/MODEL YEAR	2013 Fiat 500c Pop Cabrio
VIN	[REDACTED]
MILEAGE	74,189
OWNER	[REDACTED] MARICOPA, AZ [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED] was on his way to work at 4:00 in the morning headed north on [REDACTED] approaching [REDACTED] in Maricopa, Arizona, and was traveling 25 to 30 mph in his 2013 Fiat 500c Pop Cabrio. He stated he was at a green light as he entered the intersection. It was at this point a Pontiac Sunfire headed east on S [REDACTED] ran a red light and hit [REDACTED] vehicle. The front of his car impacted the left side of the adverse vehicle. He stated he suffered several injuries from hitting the steering wheel. He feels the air bags should have deployed.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US' inspection of the vehicle ¹ revealed the impact to the front of the vehicle was not significant enough for airbag deployment. No fault codes in the ORC. The seat belts were checked and functioned properly. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	11/04/2013
MODEL/MODEL YEAR	2014 Jeep Wrangler Unlimited Sport 4x4
VIN	[REDACTED]
MILEAGE	288
OWNER	[REDACTED] Anderson, IN [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment; Seat Belt
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving his 2014 Jeep Wrangler Unlimited Sport 4x4 vehicle south on [REDACTED], near the block of [REDACTED] outside of Middletown, Indiana when a vehicle pulled out of a driveway into his path. He stated that he was driving 35-40 mph at time of impact and that he thought the airbags should have deployed. He stated that the left rear seat shoulder belt didn't lock during the incident causing his [REDACTED] year old son to hit the back of the driver's seat causing a [REDACTED]. There was one other passenger in the right front passenger seat. She was not injured.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US' inspection of the vehicle ¹ revealed the impact to the front of the vehicle was not significant enough for airbag deployment. The body shop had started the repairs and photos of the damaged components appear to indicate minor damage. The seat belts checked and function properly. There were no air bag default codes. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	Unknown
DATE OF NOTICE	03/12/18
MODEL/MODEL YEAR	2017 Jeep Wrangler Unlimited Rubicon 4x4
VIN	[REDACTED]
MILEAGE	4300
OWNER	[REDACTED] Durant, OK [REDACTED]
COURT	N/A
DOCKET #	N/A
ALLEGED DEFECT	Air Bag Non-Deployment; Seat Belt
CRASH	Yes
DESCRIPTION	[REDACTED] reported that his girlfriend sustained a personal injury (she hit her [REDACTED]) in the 2017 Jeep Wrangler Unlimited Rubicon 4x4, when another driver hit the front right of the vehicle. He claims the air bag did not deploy and the seat belt did not lock.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle because it was no longer available for inspection. No photos of the vehicle were available. Based upon the facts known to date, there is no indication that this accident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	██████████
FILE TYPE	Claim
FILE NAME	████████████████████
CAIR #	████████████████████
DATE OF INCIDENT	Unknown (Accident date of ██████████ was reported to vehicle inspector, but the first CAIR regarding this accident is dated 12/4/2018)
DATE OF NOTICE	12/04/2018
MODEL/MODEL YEAR	2016 Jeep Wrangler Unlimited Sport 4x4
VIN	████████████████████
MILEAGE	26,310
OWNER	████████████████████ Palm Bay, FL ██████████
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment; Seat Belt
CRASH	Yes
DESCRIPTION	On ██████████ was driving the 2016 Jeep Wrangler Unlimited Sport 4x4. Contrary to the information in the CAIR, the driver of the vehicle was not ██████████ (the owner). ██████████ was driving southbound in stop and go traffic when his foot got caught in the accelerator pedal, resulting in a collision with the rear of the car in front of him. ██████████ claims the seat belts did not properly restrain him and the air bag should have inflated. He stated he hit his head on the steering wheel and received medical attention but the extent of his injuries was not known.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's inspection of the vehicle ¹ revealed that the body shop had disassembled the front of the vehicle prior to inspection. The front g-sensors support bracket had been removed and were connected to their respective harness but not attached to the holding bracket. There was no visual damage to the g-sensors. No frame deformation was noted. The EDR recorded event showed no deployment command from the ORC. The seat belts were checked and functioned properly. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	06/03/2011
MODEL/MODEL YEAR	2010 Ram 1500 SLT Quad Cab 4x2
VIN	[REDACTED]
MILEAGE	31,969
OWNER	[REDACTED] Elk Grove, CA [REDACTED]
COURT	N/A
DOCKET #	N/A
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED] stated was driving his 2010 Ram 1500 SLT Quad Cab 4x2 when he collided with another vehicle. He stated he was in the left lane having just passed through an intersection. He noted his speed was approximately 20-25 mph. There was another vehicle in front of him in the right lane and the car in front of that vehicle stopped or slowed. That caused that driver to the right of [REDACTED] to veer left in front of his vehicle, then leave the roadway and impact a tree. [REDACTED] stated he pushed the brakes but was not able to avoid a collision with the vehicle that had been traveling in front of the vehicle that left the roadway and hit the tree. [REDACTED]'s truck struck the rear left corner of that vehicle. The air bag in the truck did not deploy. [REDACTED] received injuries which were treated at a local hospital. He stated his injuries as [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's inspection of the vehicle ¹ revealed the impact to the front of the vehicle was outside the left front frame rail. Communication with the ORC could not be established but the airbag light cycled on then off with the ignition key, indicating no active faults in the airbag system. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	08/29/2018
MODEL/MODEL YEAR	2012 Fiat 500 Pop Hatchback
VIN	[REDACTED]
MILEAGE	59,152
OWNER	[REDACTED] St. Petersburg, FL [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving her 2012 Fiat 500 Pop Hatchback and was behind about 10 cars when suddenly the car behind hit her vehicle, pushing her into the vehicles in front of her. She claims she was wearing her seat belt and the airbags did not deploy. She stated she had [REDACTED] and [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle. The owner decided she did not want the vehicle inspected. Based upon the facts known to date, there is no indication that this incident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	██████████
FILE TYPE	Claim
FILE NAME	██████████
CAIR #	██████████
DATE OF INCIDENT	██████████
DATE OF NOTICE	9/27/2012
MODEL/MODEL YEAR	2012 Ram 1500 SLT Quad Cab 4x4
VIN	████████████████████
MILEAGE	53,750
OWNER	██████████ Minneapolis, MN ██████████
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On ██████████ was driving the 2012 Ram 1500 SLT Quad Cab 4x4 and was involved in an accident. When ██████████ called FCA US he stated his memory was vague and so head read what was stated on the police report (FCA US does not have a copy of the PAR). The police report described ██████████ vehicle as Unit #2. Unit #1 was traveling North bound on ██████████ towards ██████████ downtown Minneapolis. Unit #2 was traveling the same road and same direction as Unit #1. Unit #3 was parked on NE corner of the intersection and was unoccupied. Witness was traveling behind the Unit#2. Witness stated that Unit #1 attempted to go east, but they were in the west lane. Unit #1 hit the customer and caused the customer to hit Unit #3, which was parked and unoccupied. Unit#2 then hit vehicle in the rear. Mr. Dirar stated he was ██████████.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's inspection of the vehicle ¹ revealed that the vehicle had been repaired prior to inspection. There was no visible evidence of exterior or interior damage. There was no wheel damage but the left rear, right rear and right front tires were scuffed on the side walls. There were no stored or active air bag fault codes. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	05/10/2011
MODEL/MODEL YEAR	2010 Dodge Ram 1500 ST Reg Cab 4x2
VIN	[REDACTED]
MILEAGE	Unknown
OWNER	[REDACTED] Richmond, KY [REDACTED]
COURT	N/A
DOCKET #	N/A
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
PROPERTY DAMAGE	Yes
INJURIES	0
FATALITIES	1
DESCRIPTION	On [REDACTED] was operating his 2010 Ram on [REDACTED] in Madison County, Kentucky. According to the police report, [REDACTED] suddenly drove off the left hand side of the road, traveling approximately 265 feet along the tree line before coming to rest after striking a tree. There were no skid marks on the roadway to indicate any signs of braking. The police report indicates the reason [REDACTED] traveled off the roadway was unknown, but human factors listed in the report include falling asleep and [REDACTED].
ANALYSIS	FCA US did not inspect the vehicle. Claimant's counsel withdrew the claim before a vehicle inspection could be arranged. Based upon the facts known to date, there is no indication that this incident or fatality was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	12/24/2014
MODEL/MODEL YEAR	2010 Jeep Liberty Sport 4x4
VIN	[REDACTED]
MILEAGE	67,288
OWNER	[REDACTED] Windsor Heights, WV [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED], was driving the 2010 Jeep Liberty Sport 4x4 when a deer ran out in front of the vehicle. [REDACTED]. [REDACTED] swerved to the right to miss the deer and went off road into a deep ditch. She cut back to left and went back across the road, hitting a guardrail and knocking over a heavy vertical support post. She claims the steering wheel air bag did not go off but the passenger's side air bag did with nobody sitting in seat. She was treated at the hospital for [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's inspection of the vehicle ¹ revealed the impact to the front of the vehicle was not significant enough for a frontal airbag deployment. The fault codes in ORC suggest the side curtains deployed due to the side impact. Driver Pretensioner also deployed. Active DTCs were: 1) B1C3A Active 1 st Row Driver Pretensioner Circuit Open B1B1A; 2) B1B1A Active Left Side Curtain Squib 1 Circuit Open, and: 3) B1B22 Active Right Side Curtain Squib 1 Circuit Open. No indication the airbag system malfunction during the event. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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MATTER #	[REDACTED]
FILE TYPE	Lawsuit
FILE NAME	[REDACTED]
CAIR #	None
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	01/24/2017
MODEL/MODEL YEAR	2010 Dodge Nitro SE 4x2
VIN	[REDACTED]
MILEAGE	55,415
OWNER	[REDACTED] Catonsville, MD [REDACTED]
COURT	Trial Court - District Court Baltimore County, MD
DOCKET #	[REDACTED]
ALLEGED DEFECT	Air bag non-deployment
CRASH	Yes
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
DESCRIPTION	On [REDACTED], 2010 Dodge Nitro driver [REDACTED], swerved to avoid hitting a deer and struck a tree. Alleges the air bag non-deployment, and her face struck the steering wheel. [REDACTED].
ANALYSIS	FCA US did not inspect the vehicle because Plaintiff withdrew the Complaint and was supposed to file for arbitration, but never did. Based upon the facts known to date, there is no indication that this incident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	11/08/2015
MODEL/MODEL YEAR	2012 Jeep Wrangler Unlimited Sport 4x4
VIN	[REDACTED]
MILEAGE	40,332
OWNER	[REDACTED] Virginia Beach, VA [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving the 2012 Jeep Wrangler Unlimited Sport 4x4 when her vehicle hit the edge of the road and jumped into a ditch. She stated she then flew out to the opposite side of the road and hit a culvert and damaged the whole front end, the undercarriage. She stated she was injured. Her head and chest hit the steering wheel. She alleged the air bags did not deploy.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle because it was no longer available for inspection. Based upon the facts known to date, there is no indication that this incident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	10/21/2016
MODEL/MODEL YEAR	2012 Jeep Wrangler Unlimited Sport 4x4
VIN	[REDACTED]
MILEAGE	64,000
OWNER	[REDACTED] Lake Hopatcong, NJ [REDACTED]
[REDACTED]	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving the 2012 Jeep Wrangler Unlimited Sport 4x4 and was involved in an accident. [REDACTED] contacted FCA US and stated that his wife hit the vehicle in front of her and the air bags did not deploy. He stated his wife's [REDACTED] when she [REDACTED] on the steering wheel.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle because it was no longer available for inspection. Based upon the facts known to date, there is no indication that this accident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	09/10/2010
MODEL/MODEL YEAR	2010 Ram 1500 SLT Quad Cab 4x4
VIN	[REDACTED]
MILEAGE	3,614
OWNER	[REDACTED] Inwood, WV [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment; Seat Belt Performance
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving her 2010 Ram 1500 SLT Quad Cab 4x4 on the interstate 65 mph when she says another vehicles ran her off the road and she hit an embankment. She claimed her seat belt was buckled but did not stop her from hitting the steering wheel. She also claimed the air bags did not deploy and the steering wheel came loose. She sustained [REDACTED]
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's vehicle inspection revealed, the main impact was to the left front bumper area. The impact was high and it appears the impact was not severe enough to require air bag deployment. The grill and both front head lights were loose and removed (stored in the truck bed). The left front fender has deep scratches along the side. The steering wheel was bent 1 1/2" toward the dash and was broken loose from the under dash holders. The wheel could be moved in all directions 1 1/2". The steering turned lock to lock with ease. The steering column under the hood appeared to be in good condition. There was no undercarriage damage. Stored DTCs for: 1) B220B Occupant Restraint Controller Firing Stored Energy in the ORC, and: 2) B1PA6 Occupant Unintended. It was not possible to determine if the conditions were present at the time of the accident. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	07/20/2015
MODEL/MODEL YEAR	2015 Jeep Patriot Sport
VIN	[REDACTED]
MILEAGE	1,880
OWNER	[REDACTED] Freeport, TX [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving the 2015 Jeep Patriot Sport. She started making a left turn when another vehicle hit her head on. She claimed the air bags did not deploy. She stated she injured [REDACTED], [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's inspection of the vehicle ¹ revealed the impact to the right front was angular and would not have caused deployment. No DTC codes. The seatbelts were checked and functioned properly. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	02/21/2018
MODEL/MODEL YEAR	2017 Fiat 500 Pop Cabrio
VIN	[REDACTED]
MILEAGE	5,526
OWNER	[REDACTED] Miami, FL [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED] stated she was driving the 2017 Fiat 500 Pop Cabrio on the highway and impacted a vehicle in front of her with the left front corner of her vehicle. She then stated her vehicle rolled over once landing upright. She claimed her air bags did not deploy. She also stated she received medical treatment for a [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US' inspection of the vehicle ¹ revealed the impact was to the right front and outside the frame rail which would not have commanded deployment. No codes. Seatbelts were checked and function properly. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	07/23/2015
MODEL/MODEL YEAR	2015 Jeep Patriot Latitude FWD
VIN	[REDACTED]
MILEAGE	6,822
OWNER	[REDACTED] Lubbock, TX [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED], was driving the 2015 Jeep Patriot Latitude when she hit a Camaro on the driver's side with the front of the Jeep. He stated the air bags did not deploy and that his mother was wearing her seat belt. [REDACTED] injuries were reported to be a [REDACTED] allegedly caused by hitting the steering wheel. The [REDACTED] [REDACTED]
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US' inspection of the vehicle ¹ revealed the impact to the right front was angular and would not have caused the airbags to deploy. No DTC codes. The seatbelts were checked and functioned properly. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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MATTER #	[REDACTED]
FILE TYPE	Lawsuit
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	04/06/2018
MODEL/MODEL YEAR	2017 Jeep Patriot Sport Fwd
VIN	[REDACTED]
MILEAGE	Unknown
OWNER	[REDACTED] Owensboro, KY [REDACTED]
COURT	Trial Court - Circuit Court Henderson County, KY
DOCKET #	[REDACTED]
ALLEGED DEFECT	Air bag non-deployment
CRASH	Yes
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
DESCRIPTION	On [REDACTED] was driving her 2017 Jeep Patriot southbound on [REDACTED] in Barstow, California, when traffic began to slow ahead of her. [REDACTED] began applying her brakes, but was unable to stop and rear ended a 2017 Honda Civic being driven by [REDACTED]. The impact pushed [REDACTED] vehicle into the vehicle in front of him. The Police Accident Report indicates that [REDACTED] was wearing her seat belt. The Police Accident Report also indicates that the air bag in the Jeep Patriot deployed. The police prepared a supplemental report after [REDACTED] contacted them on April 3, 2018, stating that the report was wrong because the air bags had not actually deployed. She sustained [REDACTED]
ANALYSIS	FCA US was unable to inspect the vehicle because it was totaled by the insurance company and sold with a salvage title. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	02/03/2016
MODEL/MODEL YEAR	2010 Dodge Nitro SE 4x4
VIN	[REDACTED]
MILEAGE	Unknown
OWNER	[REDACTED] Tinley Park, IL [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving the 2010 Dodge Nitro SE 4x4 when she was rear ended, causing her to hit another vehicle in front of her. [REDACTED] husband claimed that the air bags did not deploy. However he specified that the head restraints did deploy, claiming they were delayed, which resulted in a [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle. Based upon the facts known to date, there is no indication that this incident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	09/10/2010
MODEL/MODEL YEAR	2010 Dodge Ram 1500 Slt Crew Cab 4x2
VIN	[REDACTED]
MILEAGE	Unknown
OWNER	[REDACTED] Paletine, TX [REDACTED]
COURT	N/A
DOCKET #	N/A
ALLEGED DEFECT	Air bag non-deployment
CRASH	Yes
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
DESCRIPTION	On [REDACTED], a wild animal allegedly ran into the path of a 2010 Dodge Ram 1500 driven by [REDACTED]. [REDACTED] took evasive action to the right and the vehicle traveled into a ditch, struck an embankment, overturned and came to rest upright. [REDACTED] alleged that the air bags failed to deploy, causing [REDACTED].
ANALYSIS	FCA US did not inspect the vehicle. [REDACTED] decided to withdraw his claim before a vehicle inspection was scheduled. Based upon the facts known to date, there is no indication that this incident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	Unknown
DATE OF NOTICE	08/21/2018
MODEL/MODEL YEAR	2013 Fiat 500 Sport
VIN	[REDACTED]
MILEAGE	51,000
OWNER	[REDACTED] Cedar Park, TX [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag Non-Deployment
CRASH	Yes
DESCRIPTION	[REDACTED] contacted FCA US to report that she was involved in an accident and the air bags did not deploy. She stated the battery had to be cut after the accident and that she suffered injuries. She did not remember the date of the accident. FCA US has no further information.
PROPERTY DAMAGE	No
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle. The owner did not respond to FCA US's request for written permission to inspect the vehicle. Based upon the facts known to date, there is no indication that this accident or injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	██████████
FILE TYPE	Pre-Litigation
FILE NAME	████████████████████
CAIR #	██████████
DATE OF INCIDENT	██████████
DATE OF NOTICE	08/13/2015
MODEL/MODEL YEAR	2015 Jeep Patriot Sport FWD
VIN	████████████████████
MILEAGE	15,000
OWNER	████████████████████ ████████████████████ Los Angeles, CA ██████████
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	On ██████████ stated he was driving northbound going about 30-40 mph when a when a diesel container truck traveling westbound pulled out in front of him and he could not brake in time. ██████████ said he not know who had the right of way. He claimed he sustained injuries when he hit the steering wheel and stated he felt his injuries would be minimal if the air bags had deployed. ██████████ did not provide any information regarding the nature or severity of his injuries.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect this vehicle. Based upon the facts known to date, there is no indication that this accident or injuries were the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Pre-Litigation
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	03/13/2017
MODEL/MODEL YEAR	2013 Fiat 500 Pop Hatchback
VIN	[REDACTED]
MILEAGE	55,000
OWNER	[REDACTED] Telford, TN [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	On [REDACTED] was involved an accident in his 2013 FIAT 500. He contacted FCA US reporting the air bags did not deploy. [REDACTED] did not provide FCA US any other details regarding his accident other than the front of his 2013 FIAT 500 impacted a guardrail and that the impact caused a tire to fall off. [REDACTED] [REDACTED] complained of [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect this vehicle. The owner decided he did not want the vehicle to be inspected. Based upon the facts known to date, there is no indication that this accident or this injury was the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Pre-Litigation
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	11/29/2014
MODEL/MODEL YEAR	2012 Dodge Ram 1500 Slt Crew Cab 4x2
VIN	[REDACTED]
MILEAGE	56,258
OWNER	[REDACTED] Seminole, OK [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	[REDACTED] stated his wife was driving the Ram truck and was involved in a head on collision with a drunk driver and the front air bags in the Ram truck did not deploy. His wife sustained [REDACTED]. She was [REDACTED] at the time of the accident. The CAIR indicates that [REDACTED] was a passenger in the vehicle and that he and his wife were both taken to the hospital. FCA US does not have information regarding the nature or severity of the injuries.
PROPERTY DAMAGE	Yes
INJURIES	2
FATALITIES	0
ANALYSIS	FCA US's inspection ¹ revealed the impact was angular to the left front of the vehicle and would not have caused deployment. The seatbelts checked and function properly. No ORC DTCs. Based upon the facts known to date, there is no indication that this accident or this injury was the result of a design or manufacturing defect in the subject vehicle.

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

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	06/29/2015
MODEL/MODEL YEAR	2014 Jeep Wrangler Unlimited Rubicon 4x4
VIN	[REDACTED]
MILEAGE	10,161
OWNER	[REDACTED] Doniphan, MO [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non: Seat Belt:Crashworthiness:
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving at 25-30 mph in her 2014 Jeep Wrangler when she [REDACTED] and collided with another vehicle head-on. [REDACTED] claimed that her [REDACTED] and has a [REDACTED] because the seat belt did not lock up and the air bags did not deploy.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's inspection ¹ revealed that both front seat belts emergency locking mechanisms functioned properly when the webbing was jerked. The impact to the front was centered between the frame rails and would not have caused deployment. No ORC DTCs. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect.

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

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	10/17/2012
MODEL/MODEL YEAR	2012 Fiat 500 Pop Hatchback
VIN	[REDACTED]
MILEAGE	5,000
OWNER	[REDACTED] [REDACTED] Lombard, IL [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	A representative of Enterprise Rental called FCA US reporting that the 2012 Fiat 500 had been involved in an accident and they were investigating because the air bags did not deploy. The driver and passenger were both injured. The nature and severity of the injuries is not known.
PROPERTY DAMAGE	Yes
INJURIES	2
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	11/29/2017
MODEL/MODEL YEAR	2017 Jeep Wrangler Unlimited Sport 4x4
VIN	[REDACTED]
MILEAGE	3,910
OWNER	[REDACTED] Bangor, ME [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	On [REDACTED] was in an accident involving her 2017 Jeep Wrangler 4X4 and the air bags did not deploy. According to [REDACTED], while driving at approximately 50 mph an oncoming vehicle struck the front of the subject vehicle. According to the Police Accident Report narrative, the driver of the oncoming vehicle crossed the center line while attempting to pull off the roadway to use his cell phone, could not see the subject vehicle due to the glare of the sun, continued to cross over into the lane of travel of the subject vehicle as if making a left turn and the front of the subject vehicle subsequently struck the passenger side of the other vehicle. [REDACTED] sustained [REDACTED] and an [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's' inspection ¹ revealed that the angular impact to the right front corner did not generate the rate of deceleration necessary to have caused air bag deployment. No air bag fault codes. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect in the subject vehicle.

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

MATTER #	██████████
FILE TYPE	Claim
FILE NAME	██████████
CAIR #	██████████
DATE OF INCIDENT	██████████
DATE OF NOTICE	07/09/2018
MODEL/MODEL YEAR	2012 Dodge Ram 1500 Slt Crew Cab 4x4
VIN	████████████████████
MILEAGE	95,000
OWNER	██████████ ██████████ Lake Ozark, MO ██████████
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	██████████ wife called FCA US to report her ██████████ as he was was driving the 2012 Dodge RAM 1500 4X4 truck to work at ██████████, and truck veered to the right and off the roadway. ██████████ also claimed that the Ram truck went onto a trailer with a dump truck, became airborne then landed. ██████████ reported that the air bags did not deploy and her husband sustained a ██████████.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect this vehicle. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	03/09/2018
MODEL/MODEL YEAR	2017 Jeep Wrangler Unlimited Sport 4x4
VIN	[REDACTED]
MILEAGE	15,777
OWNER	[REDACTED] [REDACTED] Edgerton, MO [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	[REDACTED] contacted FCA US to report that on [REDACTED] her son [REDACTED] sustained [REDACTED] in a single vehicle accident involving his 2017 Jeep Wrangler 4X4 and the air bags did not deploy. [REDACTED] did not provide FCA US any other details regarding this accident.
PROPERTY DAMAGE	Yes
INJURIES	0
FATALITIES	1
ANALYSIS	FCA US did not inspect the vehicle. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	11/24/2014
MODEL/MODEL YEAR	2012 Dodge Ram 1500 Longhorn Crew Cab 4x4
VIN	[REDACTED]
MILEAGE	34,143
OWNER	[REDACTED] [REDACTED] Helena, MT [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	On [REDACTED] was driving down a mountain road covered in snow and ice when his vehicle slid to the right, lost control, and went off a 15' ridge. The air bags did not deploy. [REDACTED] stated the vehicle was also in a front end collision on August 25, 2013, and air bags did not deploy then either. He complained of [REDACTED].
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's inspection ¹ revealed that the impact to the front was between the frame rails and would not have called for deployment. The seatbelts checked and function properly. There were no air bag fault codes. Based upon the facts known to date, there is no indication that this accident or the injuries was the result of a design or manufacturing defect in the subject vehicle.

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

MATTER #	1 [REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	Unknown
DATE OF NOTICE	07/16/2012
MODEL/MODEL YEAR	2012 Jeep Wrangler Sport 4x4
VIN	[REDACTED]
MILEAGE	6,158
OWNER	[REDACTED] [REDACTED] New Smyrna Beach, FL [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	The owner's husband was driving the 2012 Jeep Wrangler. When he swerved to avoid hitting an animal, the vehicle jumped a curb and hit a utility pole. The air bags never deployed. [REDACTED] stated he had some [REDACTED] and he felt the injuries could have been avoided if the air bags deployed.
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US did not inspect the vehicle. The owner decided he did not need an inspection. Based upon the facts known to date, there is no indication that this accident or the injuries were the result of a design or manufacturing defect in the subject vehicle.

MATTER #	[REDACTED]
FILE TYPE	Claim
FILE NAME	[REDACTED]
CAIR #	[REDACTED]
DATE OF INCIDENT	[REDACTED]
DATE OF NOTICE	08/14/2017
MODEL/MODEL YEAR	2015 Jeep Wrangler Unlimited Sport 4x4
VIN	[REDACTED]
MILEAGE	36,555
OWNER	[REDACTED] [REDACTED] Palm Harbor, FL [REDACTED]
COURT	NA
DOCKET #	NA
ALLEGED DEFECT	Air Bag:Deployment-non:
CRASH	Yes
DESCRIPTION	According to [REDACTED], while driving his 2015 Jeep Wrangler 4x4 home from work no [REDACTED], at around midnight with the cruise control set at 45 mph another vehicle reversed out into his lane of travel. [REDACTED] stated that he steered the subject vehicle away from the other vehicle to avoid a collision and his vehicle struck a tree. [REDACTED] claimed that his face struck the windshield because the air bag did not deploy and his seat belt had failed to restrain him. [REDACTED] alleged that he sustained a [REDACTED] and [REDACTED]
PROPERTY DAMAGE	Yes
INJURIES	1
FATALITIES	0
ANALYSIS	FCA US's inspection ¹ revealed that the frontal impact between the frame rails without longitudinal frame rail deformation did not generate the rate of deceleration necessary to have caused frontal air bag deployment. The seat belts were tested and functioned properly. There were no ORC DTCs. Based upon the facts known to date, there is no indication that this accident or these injuries were the result of a

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

	design or manufacturing defect in the subject vehicle.
--	--

EA19-001

FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

Legal Backup



Westmoreland Vesper Quattrone & Beers

R. C. WESTMORPLAND
THOMAS J. VESPER*
DARA A. QUATTRONE*
KATHLEEN F. BEERS

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

BAYPORT ONE
8025 BLACK HORSE PIKE
SUITE 500
WEST ATLANTIC CITY, NJ 08232

TELEPHONE: 609-645-1111
FAX: 609-646-2781

*CERTIFIED BY THE SUPREME COURT
OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY

EMAIL: KATHLEEN@WESTMORELANDVESPER.COM

July 17, 2018

via fax 877 768 5076
JCA, US LLC
P. O. Box 21-8004
Auburn Hills, MI 48321-8004

7/17 File No [REDACTED]

RECEIVED

JUL 23 2018

Special Investigations

RE: Our Client: [REDACTED]
The Product: Airbag - failure to deploy
Manufacturer: Jeep/Chrysler
Purchaser: [REDACTED]

Date of Incident: [REDACTED]
Place of Incident: Galloway, NJ
The Seller: Atlantic Auto Group
Sale Date: February 27, 2016

Dear Sir/Madam:

Please be advised that my office represents the above-named client who on the date and at the place specified above suffered personal injuries as a result of negligence in the design, construction, manufacture and/or distribution of the product identified above or as a result of a product defect.

Notice is hereby given pursuant to Federal and New Jersey laws that the above described product was defective and such defect was a breach of warranty given with its sale.

Please turn this letter over to your liability insurance company in order that they may contact my office to discuss the claim.

Very truly yours

[REDACTED]
KATHLEEN F. BEERS

KFB/las

cc: [REDACTED]

RECEIVED

JUL 24 2018

CCRG
Office of the General Counsel

Westmoreland Vesper Quattrone & Beers
Bayport One
8025 Black Horse Pike, Suite 500
West Atlantic City, NJ 08232

██
JCA, US LLC
P. O. Box 21-8004
Auburn Hills, MI 48321-8004

neopost
07/17/2018
US POSTAGE \$000.47
FIRST CLASS PERM
ZIP 08232
041110246247



POST OFFICE

POST OFFICE

Westmoreland Vesper Quattrone & Beers

R. C. WESTMORELAND
THOMAS J. VESPER*
DARA A. QUATTRONE*
KATHLEEN F. BEERS

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

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TELEPHONE: 609-645-1111
FAX: 609-646-2781

*CERTIFIED BY THE SUPREME COURT
OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY

EMAIL: KATHLEEN@WESTMORELANDVESPER.COM

File No. [REDACTED]

November 27, 2018

TAlexander@TKtrial.com
FCA, US LLC
P. O. Box 21-8004
Auburn Hills, MI 48321-8004

RE: Our Client: [REDACTED]
Date of Incident: [REDACTED]

Dear Ms. Alexander:

This letter will confirm our telephone conversation today regarding my client [REDACTED]. Pursuant to your request enclosed please find, the police report (3pgs), the Declaration Page for American Family Insurance Company (1pg), as well as the claim number # [REDACTED].

Also in furtherance of our conversation, the vehicle was towed to Purdy Collision in Absecon, NJ within a week of the accident. Shortly there after it was deemed a total loss by American Family Ins. I have requested the Property Damage Photos and Collision Report with estimate from American Family as well the entire file from Purdy Collision. I will forward same upon receipt.

With regard to the [REDACTED] charge, be advised that the Municipal Court charges are scheduled to be heard in Galloway Township on January 10, 2019. However [REDACTED] attorney in that matter has advised her that the charge will be dismissed as per discussions between her attorney and the prosecutor. Disposition of same will be submitted upon receipt.

Please do not hesitate to contact me should you require additional information.

Very truly yours,

[REDACTED]
KATHLEEN F. BEERS

KFB/las

cc [REDACTED]

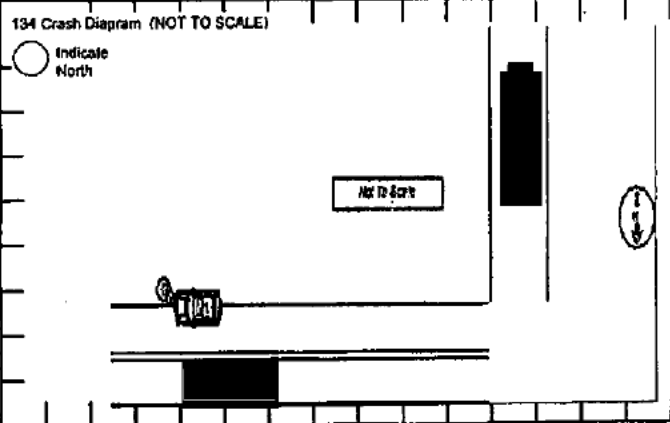
1 Case Number: [Redacted] 10 Crash Occurred On: [Redacted] 11 Speed Limit: 40 118a **02**
 2 Police Dept of: Galloway Township Police Department Code: 01 12 Route No: [Redacted] Suffix: [Redacted] 13 Milepost: [Redacted] 118b
 3 Station/Precinct: [Redacted] 14 150 Feet Miles N S E W of: Federal Rd 16 2 5 118c
 4 Date of Crash: [Redacted] 5 Day of Week: Su M W Th F Sa 6 Time (use 2400 hrs): 0313 7 Municipality Code: 0111 8 Total Killed: 00 9 Total Injured: 01 17 Cross Road Name: [Redacted] 18 NB SB WB EB WB 118a
 19 Ramp: [Redacted] 20 Route/Name: [Redacted] 119b

23 Veh No: 1 24 Policy No.: [Redacted] 25 Ins Code: [Redacted] 53 Veh No: [Redacted] 54 Policy No.: [Redacted] 55 Ins Code: [Redacted] 120
 Parked Ped Pedalcyclist Resp to Emergency Hit & Run Parked Ped Pedalcyclist Resp to Emergency Hit & Run 121
 26 Sex: F 56 Driver's First Name: [Redacted] Initial: [Redacted] Last Name: [Redacted] 59 Sex: [Redacted] 122
 30 Eyes: 06 57 Number and Street: [Redacted] 80 Eyes: [Redacted] 123

28 City: Atlantic City State: NJ 58 City: [Redacted] State: [Redacted] Zip: [Redacted] 124
 31 State: NJ 32 Driver's License No.: [Redacted] 33 DOB: [Redacted] 34 Expires: 01121 61 State: [Redacted] 62 Driver's License No.: [Redacted] 63 DOB: [Redacted] 64 Expires: [Redacted] 125
 35 Owner's First Name: [Redacted] Initial: [Redacted] Last Name: [Redacted] 65 Owner's First Name: [Redacted] Initial: [Redacted] Last Name: [Redacted] 126
 Same As Driver Same As Driver 127

36 Number and Street: [Redacted] 66 Number and Street: [Redacted] 128
 37 City: [Redacted] State: [Redacted] Zip: [Redacted] 67 City: [Redacted] State: [Redacted] Zip: [Redacted] 129
 38 Make: JEEP 39 Model: [Redacted] 40 Color: WHI 41 Year: 16 42 State No.: [Redacted] 43 State: OH 68 Make: [Redacted] 69 Model: [Redacted] 70 Color: [Redacted] 71 Year: [Redacted] 72 Plate No.: [Redacted] 73 State: [Redacted] 130
 44 [Redacted] 46 Expires: 0219 74 VIN: [Redacted] 75 Expires: [Redacted] 131

48 Vehicle Removed To: Driven Left at Scene Towed Impound Disabled 47 Authority: Owner Driver Police 76 Vehicle Removed To: Driven Left at Scene Towed Impound Disabled 77 Authority: Owner Driver Police 132

49 Alcohol/Drug Test: Given: No Yes Refused Type: Breath Blood Urine Results: 0.0% Pending 134 Crash Diagram (NOT TO SCALE) Indicate North  78 Alcohol/Drug Test: Given: No Yes Refused Type: Breath Blood Urine Results: 0.0% Pending 135
 49 Hazardous Material: On Board Spill Name or Placard No.: [Redacted] 79 Hazardous Material: On Board Spill Name or Placard No.: [Redacted] 136
 50 Carrier No.: USDOT Other 80 Carrier No.: USDOT Other 137
 51 Commercial Vehicle Weight: ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs 81 Commercial Vehicle Weight: ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs 138
 52 Carrier name: [Redacted] 82 Carrier name: [Redacted] 139

135 Crash Description: The Crash Description begins on continuation page 140
 136 Damage To Other Property: Utility Pole [Redacted] belonging to AC Electric 139 Charge: Multiple Charges None 140 Summons No.: [Redacted] 141
 137 Charge: 39:4-50 138 Summons No.: [Redacted] 139 Charge: None 140 Summons No.: [Redacted] 141
 141 Officer's Signature: Grunow, Brent 142 Badge No.: 0109 143 Reviewed By: Bollinger, Greg 144 Case Status: Pending Complete 145

	83	84	85	86	87	88	89	90	91	92	93	94	95	Name & Address of Person: [Redacted] If Deceased, Date & Time: [Redacted] Atlantic City, NJ	
A	1	01	01	03	27	F	02	04	02	11	04	-	5104		
B	-	-	-	-	-	-	-	-	-	-	-	-	-		
C	-	-	-	-	-	-	-	-	-	-	-	-	-		
D	-	-	-	-	-	-	-	-	-	-	-	-	-		
E	-	-	-	-	-	-	-	-	-	-	-	-	-		

<p>New Jersey Police Crash Investigation Report</p> <p>Motor Vehicle Crash Description</p>	<p>Police Dept: <u>Galloway Township Police Department</u> Code: <u>01</u></p> <p>Station: - _____ Case # _____</p>
--	---

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
B														
C														
D														
E														

135 Crash Description

On [redacted] I was dispatched to the area of [redacted] and [redacted] for a noise complaint initially. Further investigation revealed V1 struck a utility pole located on [redacted] just east of [redacted]. I observed the pole to be snapped at the bottom and leaning toward the roadway. V1 was not observed at the scene. Officer Arroyo advised dispatch to contact AC Electric due to the pole needing immediate attention.

While on scene, I observed transmission fluid on the roadway heading east. I followed the fluid trail along with Sgt. Kiamos and observed the trail turn into [redacted]. V1 was located parked in a parking spot with the park block pushed approximately 2 feet from its original location. D1 was located in the vehicle slumped over the wheel. D1 was observed to be [redacted] due to a [redacted] caused by the accident.

I observed heavy front end damage to the vehicle consistent with a collision with a utility pole. Subsequent investigation revealed D1 was operating the vehicle under the influence of alcohol and or drugs. SEE DWI REPORT.

D1 was determined to be at fault due to operating the vehicle under the influence of alcohol and or drugs. D1 also contributed to the accident by going off the road to the right and striking a utility pole.

Box 118a: Driver failed to pay attention by failing to maintain lane and driving off the roadway to the right.

Out of state insurance information:

Grunow, Brent

0109

<p>New Jersey Police Crash Investigation Report</p> <p>Motor Vehicle Crash Description</p>	<p>Police Dept: <u>Galloway Township Police Department</u> Code: <u>01</u></p> <p>Station: - _____ Case No. [REDACTED]</p>
--	--

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
ALL INVOLVED	A	83	84	85	86	87	88	89	90	91	92	93	94	95	
	B														
	C														
	D														
	E														

135 Crash Description

American Family
 NAIC# not displayed on insurance card
 Policy # [REDACTED]
 exp: 7/25/16

NFA.

Grunow, Brent

Officer's Signature

0109

Badge Number

FOR LIENHOLDER USE

FAMILY CAR POLICY

AMERICAN FAMILY INSURANCE COMPANY
A MEMBER OF THE AMERICAN FAMILY INSURANCE GROUP MADISON, WI
PLEASE READ YOUR POLICY

POLICY NUMBER

LIENHOLDER - SEE BACK SIDE

POLICYHOLDER/NAMED INSURED

EFFECTIVE
FROM 01-25-2018 TO 07-25-2018
ACCT 009-615-121-75

MANSFIELD OH

VIN

2016 JEEP PAT2

VEHICLE SYMBOL 25 CLASS CITY 7B TERRITORY 6 DEMERIT POINTS 0

COVERAGES AND LIMITS PROVIDED

BODILY INJURY LIABILITY
\$25,000 EACH PERSON \$50,000 EACH OCCURRENCE
PROPERTY DAMAGE LIABILITY \$25,000 EACH OCCURRENCE
COMPREHENSIVE \$500 DEDUCTIBLE
COLLISION \$500 DEDUCTIBLE

ADDITIONAL PROTECTION / ENDORSEMENTS

END 83 MEDICAL EXPENSE \$10,000 EACH PERSON
END 55 UNDERINSURED MOTORIST COVERAGE - BODILY INJURY ONLY
\$25,000 EACH PERSON \$50,000 EACH ACCIDENT
END 90 EMERGENCY ROAD SERVICE COVERAGE
END 53 UNINSURED MOTORIST - BODILY INJURY ONLY
\$25,000 EACH PERSON \$50,000 EACH ACCIDENT
END 50 ACCIDENTAL DEATH & SPECIFIC DISMEMBERMENT COV
\$10,000 EACH PERSON
END 110 RENTAL REIMB - \$30 DAILY LIMIT, \$750 MAXIMUM
MULTIPLE VEHICLE AND AIR BAG DISCOUNTS HAVE BEEN APPLIED
AUTO AND HOME PREMIUM ADVANTAGE DISCOUNT HAS BEEN APPLIED
50+ PREMIUM PLAN DISCOUNT HAS BEEN APPLIED
AUTO & LIFE DISCOUNT HAS BEEN APPLIED

Declarations effective on the date shown above. These declarations form a part of this policy and replace all other declarations which may have been issued previously for this policy. If this declarations is accompanied by a new policy, the policy replaces any which may have been issued before with the same policy number.

AUTHORIZED REPRESENTATIVE

[Redacted Name] President

[Redacted Name] Secretary

AGENT 151-214 PHONE (419) 347-7799

KAREN CALINO
153 MANSFIELD AVE
SHELBY, OH 44875-1832

USER ID RKB017
ENTRY DATE 05-08-2018
SIS ID 82811504

Westmoreland Vesper Quattrone & Beers

R. C. WESTMORPLAND
THOMAS J. VESPER*
DARA A. QUATTRONE*
KATHLEEN F. BEERS

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

BAYPORT ONE
8025 BLACK HORSE PIKE
SUITE 500
WEST ATLANTIC CITY, NJ 08232

TELEPHONE: 609-645-1111
FAX: 609-646-2781

*CERTIFIED BY THE SUPREME COURT
OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY

EMAIL: KATHLEEN@WESTMORELANDVESPER.COM

July 17, 2018

via fax 877 768 5076
JCA, US LLC
P. O. Box 21-8004
Auburn Hills, MI 48321-8004

7/17
File No [REDACTED]
RECEIVED

JUL 23 2018

Special Investigations

RE: Our Client: [REDACTED]
The Product: Airbag - failure to deploy
Manufacturer: Jeep/Chrysler
Purchaser: [REDACTED]

Date of Incident: [REDACTED]
Place of Incident: Galloway, NJ
The Seller: Atlantic Auto Group
Sale Date: February 27, 2016

Dear Sir/Madam:

Please be advised that my office represents the above-named client who on the date and at the place specified above suffered personal injuries as a result of negligence in the design, construction, manufacture and/or distribution of the product identified above or as a result of a product defect.

Notice is hereby given pursuant to Federal and New Jersey laws that the above described product was defective and such defect was a breach of warranty given with its sale.

Please turn this letter over to your liability insurance company in order that they may contact my office to discuss the claim.

Very truly yours,

[REDACTED]
KATHLEEN F. BEERS

KFB/las
cc: [REDACTED]

RECEIVED
JUL 24 2018
CCRG
Office of the General Counsel

Westmoreland Vesper Quattrone & Beers
Bayport One
8025 Black Horse Pike, Suite 500
West Atlantic City, NJ 08232

██
JCA, US LLC
P. O. Box 21-8004
Auburn Hills, MI 48321-8004

neopost
07/17/2018
US POSTAGE \$000.47
FIRST CLASS PERM
ZIP 08232
041110246247



Postmark and cancellation marks

Westmoreland Vesper Quattrone & Beers

R. C. WESTMORELAND
THOMAS J. VESPER*
DARA A. QUATTRONE*
KATHLEEN F. BEERS

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BAYPORT ONE
8025 BLACK HORSE PIKE
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WEST ATLANTIC CITY, NJ 08232

TELEPHONE: 609-645-1111
FAX: 609-646-2781

*CERTIFIED BY THE SUPREME COURT
OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY

EMAIL: KATHLEEN@WESTMORELANDVESPER.COM

File No. [REDACTED]

November 27, 2018

TAlexander@TKtrial.com
FCA, US LLC
P. O. Box 21-8004
Auburn Hills, MI 48321-8004

RE: Our Client: [REDACTED]
Date of Incident: [REDACTED]

Dear Ms. Alexander:

This letter will confirm our telephone conversation today regarding my client [REDACTED]. Pursuant to your request enclosed please find, the police report (3pgs), the Declaration Page for American Family Insurance Company (1pg), as well as the claim number # [REDACTED].

Also in furtherance of our conversation, the vehicle was towed to Purdy Collision in Absecon, NJ within a week of the accident. Shortly there after it was deemed a total loss by American Family Ins. I have requested the Property Damage Photos and Collision Report with estimate from American Family as well the entire file from Purdy Collision. I will forward same upon receipt.

With regard to the [REDACTED] charge, be advised that the Municipal Court charges are scheduled to be heard in Galloway Township on January 10, 2019. However [REDACTED] attorney in that matter has advised her that the charge will be dismissed as per discussions between her attorney and the prosecutor. Disposition of same will be submitted upon receipt.

Please do not hesitate to contact me should you require additional information.

Very truly yours,

[REDACTED]
KATHLEEN F. BEERS

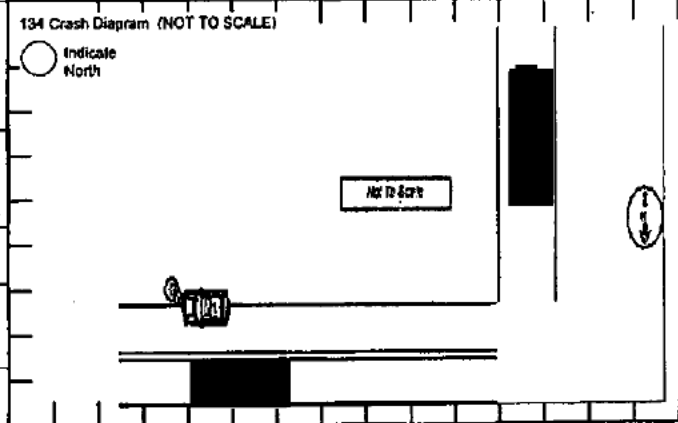
KFB/lsc

cc [REDACTED]

1 Case Number: 05
 2 Police Dept of: Galloway Township Police Department Code: 01
 3 Station/Precinct: 150
 4 Date of Crash: 03/13/01 5 Day of Week: Th
 6 Time (use 2400 hrs): 0313 7 Municipality Code: 0111 8 Total Killed: 00 9 Total Injured: 01
 10 Crash Occurred On: E 11 Speed Limit: 40
 12 At Intersection with: 150 Feet Miles N S E W of: 17 Cross Road Name
 13 Milepost: 2.5 18 Speed Limit: 25
 19 Ramp: 0 To: 0 From: 0 20 Route/Name: 01

23 Veh No: 1 24 Policy No.: 02 25 Ins Code: 01 26 Sex: F 27 Driver's First Name: 01
 Parked Ped Pedalcyclist Resp to Emergency Hit & Run
 28 City: Atlantic City State: NJ 29 Sex: F 30 Eyes: 06 31 State: NJ 32 Driver's License No.: 01121 33 DOB: 01/21 34 Expires: 01/21
 35 Owner's First Name: 01 36 Number and Street: 01 37 City: Atlantic City State: NJ Zip: 08401
 38 Make: JEEP 39 Model: WHI 40 Color: 16 41 Year: 02 42 State: OH 43 State: OH 44 VIN: 0219 45 Expires: 02/19

48 Vehicle Removed To: Driven Left at Scene Towed Impound Disabled Authority: Owner Driver Police
 49 Alcohol/Drug Test: Given: No Yes Refused
 Type: Breath Blood Urine
 Results: 0.00 % Pending
 49 Hazardous Material: On Board Spill Name or Placard No.: Not to Scale
 50 Carrier No.: USDOT Other: 02
 51 Commercial Vehicle Weight: ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs
 52 Carrier name: 02



78 Alcohol/Drug Test: Given: No Yes Refused
 Type: Breath Blood Urine
 Results: 0.00 % Pending
 79 Hazardous Material: On Board Spill Name or Placard No.: Not to Scale
 80 Carrier No.: USDOT Other: 02
 81 Commercial Vehicle Weight: ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs
 82 Carrier name: 02

135 Crash Description: The Crash Description begins on continuation page
 136 Damage To Other: Utility Pole belonging to AC Electric
 137 Charge: 39:4-50 Multiple Charges 138 Summons No.: 0109 139 Charge: None Multiple Charges 140 Summons No.: 0058
 141 Officer's Signature: Grunow, Brent 142 Badge No.: 0109 143 Reviewed By: Bollinger, Greg Badge No.: 0058 144 Case Status: Pending Complete

83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
A	1	01	01	03	27	F	02	04	02	11	04	-	5104	<u>Atlantic City, NJ</u>
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-

<p>New Jersey Police Crash Investigation Report</p> <p>Motor Vehicle Crash Description</p>	<p>Police Dept: <u>Galloway Township Police Department</u> Code: <u>01</u></p> <p>Station: - _____ Case N: [REDACTED]</p>
--	---

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
B														
C														
D														
E														

135 Crash Description

On [REDACTED] I was dispatched to the area of [REDACTED] and [REDACTED] for a noise complaint initially. Further investigation revealed V1 struck a utility pole located on [REDACTED] just east of [REDACTED]. I observed the pole to be snapped at the bottom and leaning toward the roadway. V1 was not observed at the scene. Officer Arroyo advised dispatch to contact AC Electric due to the pole needing immediate attention.

While on scene, I observed transmission fluid on the roadway heading east. I followed the fluid trail along with Sgt. Kiamos and observed the trail turn into [REDACTED]. V1 was located parked in a parking spot with the park block pushed approximately 2 feet from its original location. D1 was located in the vehicle slumped over the wheel. D1 was observed to be [REDACTED] due to a [REDACTED] caused by the accident.

I observed heavy front end damage to the vehicle consistent with a collision with a utility pole. Subsequent investigation revealed D1 was operating the vehicle under the influence of alcohol and or drugs. SEE DWI REPORT.

D1 was determined to be at fault due to operating the vehicle under the influence of alcohol and or drugs. D1 also contributed to the accident by going off the road to the right and striking a utility pole.

Box 118a: Driver failed to pay attention by failing to maintain lane and driving off the roadway to the right.

Out of state insurance information:

Grunow, Brent

0109

<p>New Jersey Police Crash Investigation Report</p> <p>Motor Vehicle Crash Description</p>	<p>Police Dept: <u>Galloway Township Police Department</u> Code: <u>01</u></p> <p>Station: - _____ Case No. [REDACTED]</p>
--	--

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
ALL INVOLVED	A	83	84	85	86	87	88	89	90	91	92	93	94	95	
	B														
	C														
	D														
	E														

135 Crash Description

American Family
 NAIC# not displayed on insurance card
 Policy # [REDACTED]
 exp: 7/25/16

NFA.

Grunow, Brent

Officer's Signature

0109

Badge Number

FOR LIENHOLDER USE

FAMILY CAR POLICY

AMERICAN FAMILY INSURANCE COMPANY
A MEMBER OF THE AMERICAN FAMILY INSURANCE GROUP MADISON, WI
PLEASE READ YOUR POLICY

POLICY NUMBER

LIENHOLDER - SEE BACK SIDE

POLICYHOLDER/NAMED INSURED

EFFECTIVE
FROM 01-25-2018 TO 07-25-2018
ACCT 009-615-121-75

MANSFIELD OH

VIN

2016 JEEP PAT2

VEHICLE SYMBOL 25 CLASS CITY 7B TERRITORY 6 DEMERIT POINTS 0

COVERAGES AND LIMITS PROVIDED

BODILY INJURY LIABILITY
\$25,000 EACH PERSON \$50,000 EACH OCCURRENCE
PROPERTY DAMAGE LIABILITY \$25,000 EACH OCCURRENCE
COMPREHENSIVE \$500 DEDUCTIBLE
COLLISION \$500 DEDUCTIBLE

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END 55 UNDERINSURED MOTORIST COVERAGE - BODILY INJURY ONLY
\$25,000 EACH PERSON \$50,000 EACH ACCIDENT
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AUTHORIZED REPRESENTATIVE

[Redacted]

President

[Redacted]

Secretary

AGENT 151-214 PHONE (419) 347-7799

KAREN CALINO
153 MANSFIELD AVE
SHELBY, OH 44875-1832

USER ID RKB017
ENTRY DATE 05-08-2018
SIS ID 82811504

EA19-001

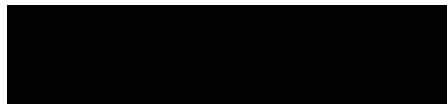
FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

Legal Backup





**KENTUCKY UNIFORM POLICE
TRAFFIC COLLISION REPORT**

MASTER FILE # [REDACTED]

INVESTIGATING AGENCY: **MADISON COUNTY SHERIFF DEPT.** AGENCY ORI NUMBER: [REDACTED] LOCAL CODE: **116230**

ROADWAY NAME: [REDACTED] PARKING LOT: N INTERSECTION WITH: N BETWEEN STREETS: N

ROADWAY #	DISTANCE FROM MILEPOINT	MILEPOINT #	INJURED	KILLED	# UNITS INVOLVED	HIT & RUN	ONE WAY	SPEED LIMIT
[REDACTED]		[REDACTED]		001	1	NO	NO	055 MPH

IN CITY LIMITS? NO
 COLLISION DATE AND TIME: 05/02/2011 02:22
 MILES FROM CITY: [REDACTED]
 LATITUDE DEG: [REDACTED] MIN: [REDACTED]
 LONGITUDE DEG: [REDACTED] MIN: [REDACTED]

CITY/TOWN: [REDACTED] - RICHMOND RAMP: NO
 COUNTY: 076 - MADISON FROM: DIR:
 SECONDARY COLLISION: NO MEDIAN CROSSOVER: NO TO: DIR:

MANNER OF COLLISION: 09 - SINGLE VEHICLE LOCATION 1ST EVENT: 04 - OUTSIDE SHOULDER-LEFT TRAFFIC CONTROL: 99 - NONE

ROADWAY TYPE	TOTAL LANES	ROADWAY CHARACTER	ROADWAY SURFACE	ROADWAY CONDITION
07 - STATE	2	06 - STRAIGHT & LEVEL	01 - ASPHALT	01 - DRY

WEATHER	LIGHT CONDITION	LAND USE	SCHOOL BUS RELATED
02 - CLEAR	06 - DARK-HWY NOT LIGHTED	07 - RURAL	03 - NOT APPLICABLE

FIRST AID AT SCENE NO FIRST AID GIVEN BY
 INJURED REMOVED TO: [REDACTED]

EMS AGENCY AND RUN #			EMS AGENCY AND RUN #			EMS AGENCY AND RUN #		
NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
02:18	02:31	:						

INJURED OR DECEASED REMOVED BY: 03 - MUNICIPAL/COUNTY EMERGENCY VEHICLE

1 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

2 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

3 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

INV. COMPLETE YES PHOTOS YES PHOTOGRAPHER UNIT NO. 2005

INVESTIGATOR CRUTCHER K	ID NUMBER 2030	BEAT OR POST NO. COUNTY	TIME NOTIFIED 02:22	TIME ARRIVED 02:29	RDWY OPENED 04:39
----------------------------	-------------------	----------------------------	------------------------	-----------------------	----------------------

REVIEWED BY: M MARCUM PAGE 1 OF 3

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE

KSP 74 Revised 1/2000

MASTER FILE #

INVESTIGATING AGENCY

MADISON COUNTY SHERIFF DEPT.

AGENCY ORI NUMBER

LOCAL CODE

116230

Unit #1- Driver was headed east on [REDACTED] about a quarter mile past [REDACTED] when he suddenly drove off the left hand side of the road, driving approximately 265 feet along the tree line hitting several tree branches before coming to rest partially over an embankment by hitting a tree. There were no skid marks on the roadway prior to leaving the roadway or any signs of braking. It is unknown at this time why the driver had ran off the roadway.

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE # [REDACTED]

INVESTIGATING AGENCY **MADISON COUNTY SHERIFF DEPT.** AGENCY ORI NUMBER [REDACTED] LOCAL CODE **116230**

UNIT # **1** TOWED? **YES - MADISON TOWING** TOWED DUE TO DISABLED? **YES** # OCCUPANTS **1** PEDESTRIAN FACTORS

OPERATOR'S LIC. NO. [REDACTED] STATE **KY** LIC. CLASS **D** ENDORSEMENT OPERATORS LICENSE RESTRICTIONS

CDL **NO** CO. RESIDENT **YES** OWNER **YES**

OPERATOR NAME (L.N., F.N., MI) [REDACTED]

DATE OF BIRTH ADDRESS [REDACTED] **RICHMOND, KY** COMPLIANT **YES**

A. PRE-COLLISION VEHICLE ACTION **05 - GOING STRAIGHT AHEAD** B. UNIT TYPE **08-LT TRUCK(VAN/SPORTS UTILITY/PICKUP)** C. FIRE **NO** D. OVERTURNED **NO**

E. HUMAN FACTORS **10 - FELL ASLEEP**
15 - LOST CONSCIOUSNESS/FAINTED

F-H. EVENT COLLISION **1ST: 30 - TREE**

I. VEHICULAR FACTORS **99 - NONE DETECTED** J. ENVIRONMENTAL FACTORS **99 - NONE DETECTED**

K. UNDERRIDE/OVERRIDE **01 - NO UNDERRIDE/OVERRIDE**

INVOLVED PERSONS: NAME ADDRESS, CITY, STATE AND ZIP DOB/DOD

NAME ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
[REDACTED] MALE	DOB: [REDACTED] DOD: [REDACTED]	08,01	YES	01	01	02	02	01	02	01	01
RICHMOND, KY											

VEH YEAR **2010** MAKE **DODGE** MODEL **RAM PICKUP** TYPE **PK** STATE **KY** REGISTRATION NUMBER [REDACTED] YEAR **2011**

VEHICLE ID NUMBER [REDACTED] VEHICLE INSURED **YES** NAME OF INSURANCE CO. **UNKNOWN** INSURANCE POLICY # [REDACTED] COLOR OF VEH **WHITE**

1ST AREA OF CONTACT **01 - FRONT VEHICLE** 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE **SEVERE** AIR BAG SWITCH **OFF** TRAVEL DIRECTION **EAST**

ESTIMATED TRAVEL SPEED **BETWEEN 50 & 55 MPH** MOST HARMFUL EVENT **30 - TREE**

COMMERCIAL VEH. **NO** LARGE TRUCK OR BUS **NO** PLACARD PRESENT HAZ. CARGO HAZ. SPILL HAZ. MAT. # TYPE CARGO/COMMODITY NAS SAFETY REPORT #

HM CLASS CARRIER TYPE

SINGLE/COMBINATION/BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC MC # CRASH AVOIDANCE (Fatal Only) **NO AVOIDANCE MANEUVER REPORTED**

VEHICLE CONFIGURATION CARGO BODY TYPE BUS USE

GVWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER **NO** METHOD OF DETERMINATION **02 - OBSERVATION**

TAKEN BY

TEST OFFERED **NO** CHEMICAL TEST TESTED FOR SENT TO RESULTS PAGE



NOT TO SCALE

Unit 1



EA19-001

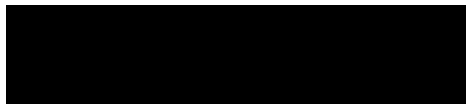
FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

Legal Backup





IR

FCA US LLC
Product Liability Section
Office of the General Council
1000 Chrysler Drive
CIMS 485-13-62
Auburn Hills, Mi. 48326


1/20/17

FCA US LLC
Office of the General Counsel

JAN 24 2017

By 
Sec. of State/Proc. Server


To Whom..

Enclosed you will find a copy of the Writ of Summons dated Jan 10, 2017 and received today. The complaint alleges that  was injured in an accident because the air bag in her 2010 Dodge Nitro failed to deploy because of a defective air bag.

We are requesting Indemnification Under the terms of the Dealer Agreement. We have included copies of the documents found in Sales Deal as well as the repairs orders in the Service History. We have forwarded the same to our Insurance Company, Zurich N.A.

Questions regarding this matter should be directed to me.

Thank You


J.D. McDaniels III
Dealer

Encl: Sales File
Service File



DISTRICT COURT OF MARYLAND for Baltimore County
 Located at 900 Walker Avenue, Catonsville, Maryland 21228

WRIT OF SUMMONS

Defendant : **MUSSELMAN'S DODGE**
 Serve On : **MUSSELMAN'S DODGE**
 Address : **5717 BALTIMORE NATIONAL PIKE**
CATONSVILLE, MD 21228

Date Filed [REDACTED]
 Issue Date [REDACTED]
 Case Number [REDACTED]
 Complaint No. [REDACTED]

Trial Date : [REDACTED]
Trial Time : **09:00 am**
Trial Room :

You are summoned to appear for trial at the date, time and location shown above. If you intend to be present at the trial, you must file the attached Notice of Intention to Defend within fifteen days of receiving this complaint. Failure to file the Notice of Intention to Defend may result in a judgment by default or the granting of the relief sought.

MUST BE SERVED BY Feb 9, 2017 S. MICHAEL ESPOSITO, Administrative Clerk / KA

To Private Process Server :

You are hereby commanded to serve this writ of summons and to make your return promptly if served. If you are unable to serve, you are to make your return below and return the original process to the court no later than ten days following the termination of the validity of the process.

I certify that:

I served a summons by delivery of the complaint and all supporting papers to _____ on date ___/___/20___ at location _____
 The person I left the papers with acknowledged being: (1) A resident of above listed address, (2) 18 years of age or older, (3) of suitable discretion in that relationship to the defendant is _____ and that, (4) the above listed address is the defendant's residence or usual place of abode. The facts upon which I concluded that individual served is of suitable age discretion are: _____
 _____ The cost of service is \$ _____

Description of the Defendant / Person Served : Race _____ Sex _____ Height _____ Weight _____ Age _____

I was unable to serve because _____

Attempt: _____ Attempt: _____ Attempt: _____ Attempt: _____

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information and belief and do further affirm I am a competent person over 18 years of age and not party to the case.

Print Name of Process Server _____ Complete Address of Process Server _____
 Date ___/___/20___ Signature : _____ Phone No. _____

CUT HERE CUT HERE

NOTICE OF INTENTION TO DEFEND

Defendant : **MUSSELMAN'S DODGE** Case # [REDACTED]
 Trial Date : **Apr 4, 2017** Compl [REDACTED]

Notice : If you **contest the claim** or any part thereof, you must complete this Notice of Intention to Defend and file with the court listed at the top of this summons no later than 15 days after you receive this Summons and be present in court on the trial date. If you do not appear judgment by default or the relief sought may be granted.

A corporation may enter an appearance only by an attorney except that an officer of the corporation may appear on its behalf if the action is based on a claim that does not exceed \$5,000.00.

Any reasonable accommodation for persons with disabilities should be requested by contacting the court prior to trial.

Possession and use of cell phones and other electronic devices may be limited or prohibited in designated areas of the court facility.

SEE ATTACHED NOTICE FOR IMPORTANT INFORMATION

I intend to be present at the trial of this claim and demand proof of the Plaintiff's claim.

Explanation of defense : _____

_____/_____/20___ (_____) _____ (_____) _____
 Date Signature Work Phone Home Phone

Address/City/State/Zip code

Fax number _____ e-Mail Address _____

Check this box if this is a new address.



Case Num [REDACTED]

District Court of Maryland
#8-1
900 Walker Avenue
Catonsville, MD 21228

STATE OF MARYLAND FOR Baltimore County

COMPLAINT/APPLICATION AND AFFIDAVIT
IN SUPPORT OF JUDGMENT

\$5,000 or under over \$5,000 over \$10,000

Clerk: Please docket this case in an action of contract tort
 replevin detinue bad faith insurance claim

The particulars of this case are:
See attached

CV [Redacted Case No.]

PARTIES
Plaintiff: [Redacted]
Baltimore MD

VS.
Defendant(s):
1. Musselman's Dodge
5717 Baltimore National Pike
Catonsville MD 21228
Serve by:
 Certified Mail
 Private Process
 Constable
 Sheriff
2. [Redacted]
Serve by:
 Certified Mail
 Private Process
 Constable
 Sheriff
3. [Redacted]
Serve by:
 Certified Mail
 Private Process
 Constable
 Sheriff
4. [Redacted]
Serve by:
 Certified Mail
 Private Process
 Constable
 Sheriff

ATTORNEYS
For Plaintiff - Name, Address, Telephone Number & Code
W. Timothy Sutton
Cooper & Tuerk, LLP
201 N. Charles Street, Ste 2300
Baltimore MD 21201

(See Continuation Sheet)
The Plaintiff claims \$30000, plus interest of \$ _____,
Interest at the legal rate contractual rate calculated at _____
%, from _____ to _____ (_____ days x \$ _____
per day) and attorney's fees of \$ _____ plus court costs.
 Return of the property and damages of \$ _____
for its detention in an action of replevin.
 Return of the property, or its value, plus damages of
\$ _____ for its detention in action of detinue.
 Other: _____

Signature of Plaintiff/Attorney/Attorney Code
Printed Name: W. Timothy Sutton
Address: 201 N. Charles Street, Ste. 2300 Baltimore MD 21201
Telephone Number: 410-539-0300
Fax: _____
E-mail: _____

MILITARY SERVICE AFFIDAVIT

Defendant(s) _____ is/are in the military service.
 No Defendant is in the military service. The facts supporting this statement are: _____

Specific facts must be given for the Court to conclude that each Defendant who is a natural person is not in the military.

I am unable to determine whether or not any Defendant is in military service.
I hereby declare or affirm under the penalties of perjury that the facts and matters set forth in the foregoing Affidavit are true and correct to the best of my knowledge, information, and belief.

Date

Signature of Affiant

APPLICATION AND AFFIDAVIT IN SUPPORT OF JUDGMENT (See Plaintiff Notice on Back Page)

Attached hereto are the indicated documents which contain sufficient detail as to liability and damage to apprise the Defendant clearly of the claim against the Defendant, including the amount of any interest claimed.

Properly authenticated copy of any note, security agreement upon which claim is based Itemized statement of account Interest worksheet
 Vouchers Check Other written document Verified itemized repair bill or estimate

I HEREBY CERTIFY: That I am the Plaintiff _____ of the Plaintiff herein and am competent to testify to the matters stated in this complaint, which are made on my personal knowledge; that there is justly due and owing by the Defendant to the Plaintiff the sum set forth in the Complaint.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the above Complaint are true and I am competent to testify to these matters.

Date

Signature of Affiant

NOTICE TO DEFENDANT

Before Trial

If you agree that you owe the Plaintiff the amount claimed, you may contact the Plaintiff (or Plaintiff's attorney) before the trial date to arrange payment. If you wish to contest the claim, you should notify the clerk's office by filing a Notice of Intent to Defend (located at the bottom of your summons). The case will be set for trial. If you wish to have your witnesses appear at trial, you should contact the clerk's office at least two weeks before the trial date to request subpoenas, and you should bring to court on the trial date any evidence you want the Court to consider. If you do nothing, a judgment could be entered against you.

If Judgment is Entered Against You (If You Lose)

IF YOU **DISAGREE** WITH THE COURT'S RULING, you may:

1. **APPEAL** to the Circuit Court, by filing a Notice of Appeal in the District Court within **30 days** after the entry of judgment. You will have to pay a filing fee (see Guide to Appeal Fees, DCA-109A), unless the Court determines that you are indigent. If the amount of the claim, not counting court costs, interest, and attorney's fees, is:
 - **more than \$5,000**, you will also have to order and pay for a transcript of the District Court trial record, by contacting the District Court clerk's office (see Transcripts & Recordings Brochure, DCA-027BR).
 - **\$5,000 or less**, you will have a new trial in the Circuit Court.

On your trial date you should bring with you any evidence that you want the Court to consider.

2. File a **MOTION FOR A NEW TRIAL** within **10 days** after the entry of judgment, stating your reasons clearly. If the Court denies your Motion, you may still file an appeal; if the Court grants your Motion, you must appear in the District Court for a new trial.
3. File a **MOTION TO ALTER OR AMEND THE JUDGMENT** within **10 days** after entry of judgment.
4. File a **MOTION TO REVISE OR VACATE THE JUDGMENT** within **30 days** after entry of judgment.

IF YOU DECIDE **NOT TO APPEAL AND NOT TO FILE ONE OF THE ABOVE MOTIONS**, you may contact the Plaintiff or Plaintiff's attorney to arrange to pay the amount owed. If you do not pay the amount owed, the Plaintiff or Plaintiff's attorney may initiate further proceedings to enforce the judgment, including:

1. **Interrogatories:** You must answer these written questions about your income and assets in writing under penalties of perjury.
2. **Oral Examination:** You must appear in court to testify in response to questions about your assets and income.
3. **Writ of Execution:** The Court may issue a writ requiring the sale or seizure of any of your possessions except, with some exceptions, property that is exempt from execution. The exemptions are explained in detail on the reverse side of the Writ of Execution form, DC-CV-040. Further, the Court could order you to pay additional expenses such as towing, moving, storage fees, advertising costs, and auctioneer's fees incurred in executing the writ.
4. **Garnishment of Property:** The Court may issue a writ ordering a bank or other agent to hold your assets until further court proceedings.
5. **Garnishment of Wages:** The Court may issue a writ ordering your employer to withhold a portion of your wages to pay your debt. The law provides certain exemptions from garnishment.

If you have any questions, you should consult an attorney. The clerk of the Court is not permitted to give you legal advice. More information can be found in court brochures located in the clerk's office or online at: http://www.mdcourts.gov/district/public_brochures.html.

NOTICE TO PLAINTIFF

REQUESTING A JUDGMENT BY AFFIDAVIT OR DEFAULT:

Federal Law requires the filing of a military service affidavit. Information about the Servicemembers Civil Relief Act and the required affidavit can be found on the court's website at: <http://mdcourts.gov/reference/scra.html>.

AFTER THE COURT ENTERS A JUDGMENT:

1. If the Court enters a judgment for a sum certain, you have the right to file for a lien on real property.
2. If you disagree with the outcome of the case, you have the same post-trial rights as the Defendant does: you may file an Appeal, a Motion for New Trial, a Motion to Alter or Amend the Judgment or a Motion to Revise or Vacate the Judgment. See above for further information concerning these rights.

[REDACTED]
Baltimore, MD [REDACTED]

Plaintiff

v

Musselman's Dodge, Inc
5717 Baltimore National Pike
Baltimore, MD 21228

Defendant

* IN THE
* DISTRICT COURT
* OF MARYLAND
* FOR
* BALTIMORE COUNTY
*
* CASE NO.:

Serve On:

William N. Butler
401 Allegheny Avenue
Baltimore, MD 21204

* * * * *

COMPLAINT

Now comes, Plaintiff, [REDACTED], by W. Timothy Sutton, Carl E. Tuerk, Jr., and Cooper & Tuerk, LLP, her attorneys, and sues Defendant, Musselman's Dodge Inc., and for reasons states:

1. That on or about June 2, 2015 Plaintiff [REDACTED] purchased from the Defendant Musselman's Dodge Inc. a 2010 Dodge Nitro with 55,415 miles on it.
2. On [REDACTED] was involved in a single car accident where she struck swerved to avoid hitting a deer and struck a tree.
3. At the time of the accident the airbag in her vehicle did not deploy.
4. As a result of the failure of the airbags to deploy Plaintiff [REDACTED] was caused to suffer severe injuries to her [REDACTED]

COUNT I Breach of Implied Warranty

5. The Plaintiff incorporates the allegations of paragraphs 1-4 above.
6. At the time of the sale of the Dodge Nitro to Plaintiff [REDACTED] a warranty existed as to the fitness of the vehicle to prevent injury in a crash. Specifically, that airbags would deploy in such a situation.
7. The airbags of the vehicle did not deploy in the crash of [REDACTED]
8. As a result of the failure of the airbags to deploy the Plaintiff has sustained painful

[REDACTED] as
[REDACTED] due to the breach of the Defendant.

WHEREFORE, Plaintiff, [REDACTED] claims Thirty Thousand Dollars (\$30,000.00) in damages from the Defendant, Musselman's Dodge Inc.

COUNT II Strict Liability

9. The Plaintiff incorporates the allegations of paragraphs 1-4 above.
10. At the time of the purchase of the 2010 Dodge Nitro it was in a defective condition, namely, its airbags did not function.
11. Plaintiff [REDACTED] had no way of knowing of such defect until the time of the accident causing her injuries.
12. The failure of the airbags to function was unreasonably dangerous because of the likelihood of injury caused by such failure.
13. The airbags had not been changed, checked, or altered between the time of the

sale by Defendant Musselman's Dodge Inc. and the [REDACTED] incident.

14. The failure of the airbags to deploy proximately caused Plaintiff's [REDACTED] to collide with the steering wheel causing her injuries.
15. As a result of the failure of the airbags to deploy the Plaintiff has sustained painful

[REDACTED]

the breach of the Defendant.

WHEREFORE, Plaintiff, [REDACTED] claims Thirty Thousand Dollars (\$30,000.00) in damages from the Defendant, Musselman's Dodge Inc.

COOPER & TUERK, LLP

[REDACTED]

W. Timothy Sutton
Carl E. Tuerk, Jr.
201 N. Charles Street, Suite 2300
Baltimore, Maryland 21202
(410) 539-0300
Attorneys for Plaintiff

EA19-001

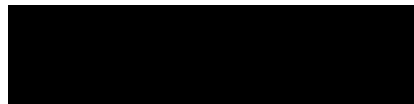
FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

Legal Backup



FATAL CMV SCHOOL BUS RAILROAD

MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units **2** Total Num. Prsns. **2**

TxDOT Crash ID [REDACTED]

Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) [REDACTED] *Crash Time (24HRMM) **1716** Case ID [REDACTED] Local Use [REDACTED]

*County Name **LUBBOCK** *City Name **LUBBOCK** Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) Longitude (decimal degrees) —

ROAD ON WHICH CRASH OCCURRED

1 Rdwy. Svc. **LR** *Hwy. Num. 2 Rdwy. Part **1** Block Num. [REDACTED] 3 Street Prefix [REDACTED] *Street Name [REDACTED] 4 Street Suffix **AVE**

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit **40** Const. Zone No Workers Present No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Svc. **LR** Hwy. Num. 2 Rdwy. Part **1** Block Num. [REDACTED] 3 Street Prefix [REDACTED] Street Name [REDACTED] 4 Street Suffix **ST**

Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. RR Num.

Unit Num. **1** 5 Unit Desc. **1** Parked Vehicle Hit and Run LP State **TX** LP Num. [REDACTED] VIN [REDACTED]

Veh. Year **1994** 6. Veh. Color **GRN** Veh. Make **CHEVROLET** Veh. Model **CAMARO** 7 Body Style **P2** Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type **1** DL/ID State **TX** DL/ID Num. [REDACTED] 9 DL Class **C** 10 CDL End. **96** 11 DL Rest. **A B** DOB (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) **LUBBOCK TX 79412**

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 ALC Spec.	ALC Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	[REDACTED]	B	[REDACTED]	H	1	1	1	1	97	N	96	96	97	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

Owner Lessee Owner/Lessee Name & Address [REDACTED] **LUBBOCK TX [REDACTED]**

Proof of Fin. Resp. Yes Expired No Exempt 26 Fin. Resp. Type **2** Fin. Resp. Name **FARMERS INSURANCE COMPANY** Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 **09 - LD - 3** 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed By **LUBBOCK WRECKER** Towed To **LUBBOCK WRECKER 3209 SLATON HWY 806-7**

Unit Num. **2** 5 Unit Desc. **1** Parked Vehicle Hit and Run LP State **TX** LP Num. [REDACTED] VIN [REDACTED]

Veh. Year **2015** 6. Veh. Color **WHI** Veh. Make **JEEP** Veh. Model **LIBERTY** 7 Body Style **SV** Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type **1** DL/ID State **TX** DL/ID Num. [REDACTED] 9 DL Class **C** 10 CDL End. **96** 11 DL Rest. **A** DOB (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) **6301 E CR 6460 LUBBOCK TX 79403**

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 ALC Spec.	ALC Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	[REDACTED]	C	[REDACTED]	H	2	1	1	1	97	N	96	96	97	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

Owner Lessee Owner/Lessee Name & Address [REDACTED] **LUBBOCK TX [REDACTED]**

Proof of Fin. Resp. Yes Expired No Exempt 26 Fin. Resp. Type **2** Fin. Resp. Name **SOUTHERN COUNTY MUTUAL** Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. **800-677-5170** 27 Vehicle Damage Rating 1 **12 - FD - 3** 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed By **LUBBOCK WRECKER** Towed To **LUBBOCK WRECKER 3209 SLATON HWY 806-7**

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	UNIVERSITY MEDICAL CENTER	EMS		
	2	1	COVENANT MEDICAL CENTER	EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	FAIL TO YLD ROW TURNING LEFT	15-44398

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001 + LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9 + CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.		30 Veh. Type				
31 Bus Type	<input type="checkbox"/> RGW <input type="checkbox"/> GWR	HazMat Release <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GWR	34 Trl. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GWR	34 Trl. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	37								1	1	4	2	1	1

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	SEE ATTACHED NARRATIVE	SEE ATTACHED DRAWING

INVESTIGATOR	Time Notified (24HR:MM)	1718	How Notified	DISPATCHED	Time Arrived (24HR:MM)	1726	Report Date (MM/DD/YYYY)	07/22/2015
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	SIERRA	JUAN	ID Num.	153432	Service/Region/DA	PD9
	ORI Num.	[REDACTED]	*Agency	LUBBOCK POLICE DEPARTMENT				

U1 [REDACTED]
U2 [REDACTED] CENTER LANE.

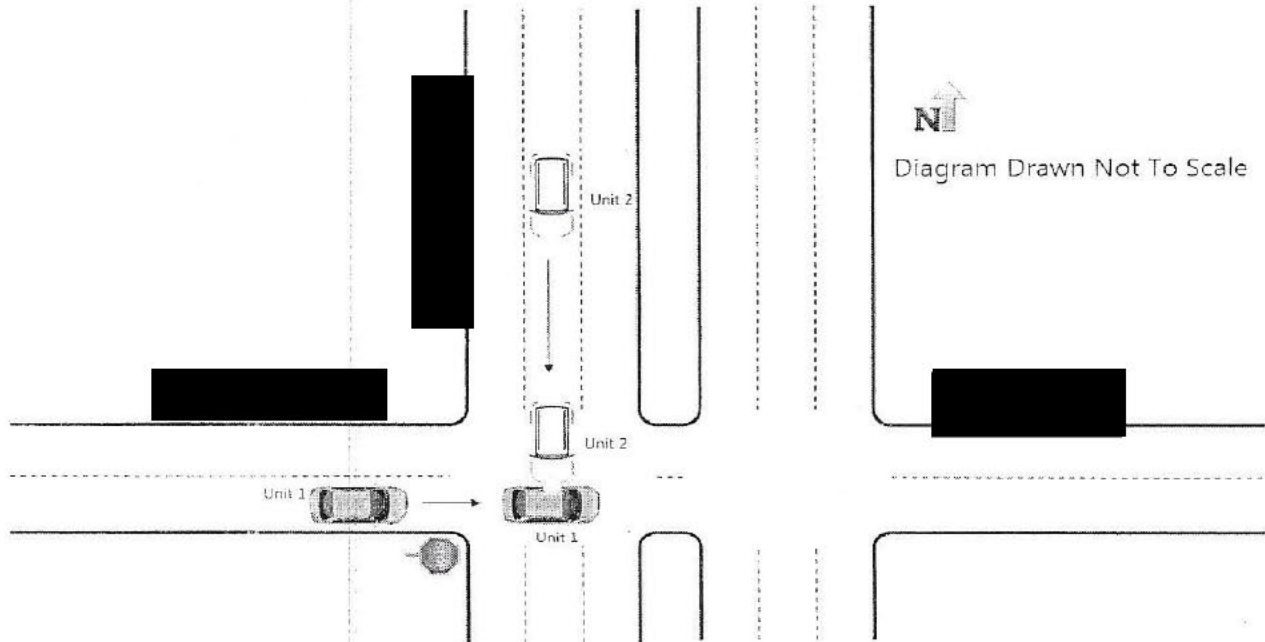
U1 ATTEMPTED TO CROSS [REDACTED] TO ENTER INTO THE NEIGHBORHOOD OF [REDACTED] U1 FAILED TO YIELD THE RIGHT OF WAY TO U2.
AS A RESULT, U2 STRUCK THE LEFT, DRIVER'S SIDE OF U1.

WITNESS:

- 1 - [REDACTED]
- 2 - [REDACTED]

ADDITIONAL NARRATIVE

ADDITIONAL DIAGRAM



EA19-001

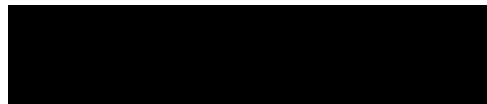
FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

Legal Backup





THE
Sampson
LAW FIRM

Jeffrey T. Sampson, P.S.C.
M. Keith Poynter

Paralegals:
Brandi B. Hickey
Jessica E. Mitchell

August 15, 2018

FCA US LLC
1000 Chrysler Drive
Auburn Hills, Michigan 48326
ATTN: Risk Manager

Re: My Client: [REDACTED]
Date of Loss: [REDACTED]
Vehicle: 2017 Jeep Patriot – [REDACTED]

To Whom It May Concern:

I have been retained to represent [REDACTED] regarding injuries she sustained on [REDACTED] when her airbags failed to deploy with a direct frontend collision. She purchased the vehicle from Audubon Chrysler located at 2945 US Highway 41N in Henderson, Kentucky 42420 on July 1, 2017 new.

As a result of the airbag failure, [REDACTED] sustained serious and permanent personal injuries. Please direct this letter of representation on to your general counsel or liability insurance carrier and have them contact me in writing to confirm receipt of this letter of representation within thirty days. Thank you for your time and I look forward to hearing from you soon.

Very Truly Yours

[REDACTED]
Jeffrey T. Sampson

450 S. Third St.
Fourth Floor
Louisville, KY 40202
Phone: 502-584-5050
Toll Free: 877-SAMPSON
Fax: 502-584-5055

www.jeffsampsonlaw.com

E: jeff@slftrial.com
E: keith@slftrial.com
E: brandi@slftrial.com
E: jessica@slftrial.com

**Service of Process
Transmittal**

10/10/2018

CT Log Number [REDACTED]

TO: Melissa Gravlin
FCA US LLC
1000 Chrysler Dr Ofc of
Auburn Hills, MI 48326-2766

RE: Process Served in Kentucky

FOR: FCA US LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: [REDACTED], Pltf. vs. FCA US, LLC and AUDUBON MOTORS, INC., Dfts.
Name discrepancy noted.

DOCUMENT(S) SERVED: Summons, Complaint

COURT/AGENCY: Henderson County Circuit Court, KY
Case # [REDACTED]

NATURE OF ACTION: Product Liability Litigation - Manufacturing Defect - 2017 Jeep Patriot, VIN:
[REDACTED]

ON WHOM PROCESS WAS SERVED: C T Corporation System, Frankfort, KY

DATE AND HOUR OF SERVICE: By Certified Mail on 10/10/2018 postmarked: "Not Post Marked"

JURISDICTION SERVED : Kentucky

APPEARANCE OR ANSWER DUE: Within 20 days following the day this paper is delivered to you

ATTORNEY(S) / SENDER(S): Jeffrey T. Sampson
The Sampson Law Firm
450 South Third Street
4th Floor
Louisville, KS 40202
502-584-5050

ACTION ITEMS: CT has retained the current log, Retain Date: 10/11/2018, Expected Purge Date:
10/16/2018

Image SOP

Email Notification, Lance Arnott SOPVerification@wolterskluwer.com

SIGNED: C T Corporation System
ADDRESS: 306 W. Main Street
Suite 512
Frankfort, KY 40601
TELEPHONE: 609-538-1818



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7018 0360 0001 7746 6620



HERBERT MCKEE, JR.
HENDERSON COUNTY CIRCUIT COURT CLERK
HENDERSON CIRCUIT & DISTRICT COURTS
HENDERSON COUNTY JUDICIAL CENTER
5 NORTH MAIN STREET, P.O. BOX 675
HENDERSON, KENTUCKY 42419-0675

CI 18-CI-00563
651294

CT CORPORATION SYSTEM,
306 WEST MAIN STREET
FRANKFORT KY 40601

AOC-105
Rev. 11-95

Summons Type: CI

Commonwealth of Kentucky
Court of Justice

CR 4.02; CR Official Form 1

CIVIL SUMMONS

Case No

Court

County Henderson

PLAINTIFF

VS.

DEFENDANT

FCA US, LLC

Serve: CT Corporation System
306 West Main Street, Suite 512
Frankfort, Kentucky 40601

THE COMMONWEALTH OF KENTUCKY
TO THE ABOVE-NAMED DEFENDANTS:

You are hereby notified that a legal action has been filed against you in this court demanding relief as shown on the document delivered to you with this summons. Unless a written defense is made by you or by an attorney on your behalf and filed in the clerk's office within 20 days following the day this paper is delivered to you, judgment by default may be taken against you for the relief demanded in the attached complaint.

The name(s) and address(es) of the party or parties demanding such relief against you or his (their) attorney(s) are shown on the document delivered to you with this summons.

Date: October 3rd, 2018

HERBERT MCKEE, JR. CLERK

Clerk: _____
By: _____ D.C.

PROOF OF SERVICE

This summons was served by delivering a true copy and the complaint (or other initiating document) to:

This _____ day of _____, 20____

Served By: _____

NO.

HENDERSON CIRCUIT COURT
DIVISION

PLAINTIFF

COMPLAINT

FCA US, LLC

DEFENDANT

Serve: CT Corporation System
306 West Main Street
Suite 512
Frankfort, Kentucky 40601

AND

AUDUBON MOTORS, INC.

Serve: Larry Bennett
2945 US Highway 41 N
Henderson, Kentucky 42420

Comes the Plaintiff, [REDACTED] by and through counsel, and for her cause of action against the Defendants states as follows:

I. INTRODUCTION

1. This is an action for personal injuries sustained by Plaintiff [REDACTED] stemming from an automobile collision on [REDACTED] 7 in Barstow, San Bernardino County, California. The Plaintiff, [REDACTED] was traveling southbound on [REDACTED] in her 2017 Jeep Patriot, Vehicle ID Number [REDACTED] that she had purchased new on July 1, 2017 from the Defendant, Audubon Motors, Inc. at 2945 US Highway 41 N, Henderson, Kentucky 42420. The Jeep Patriot was manufactured by the Defendant, FCA US, LLC. The Plaintiff's vehicle struck the vehicle in front of her with a full frontal collision. Despite the fact that the vehicle had been warranted to have functioning airbags, such airbags failed to deploy.

2. The Plaintiff [REDACTED] sustained injuries as a result of the failure of the airbag deployment.

2018 October 3rd
ATTEST:

HERBERT MCKEE, JR. CLERK

FILED

II. PARTIES

3. Plaintiff re-alleges and incorporates herein by reference the allegations contained in Paragraphs 1-2 as if fully set forth herein.

4. At all times material hereto, the Plaintiff, [REDACTED] was a resident of Owensboro, Davies County, Kentucky.

5. At all times material hereto, the Defendant, FCA US, LLC was a foreign limited liability company active and in good standing doing business for profit. The principle office is located at 1000 Chrysler Drive, Auburn Hills, Michigan 48326.

6. The registered agent for service of process is CT Corporation System, 306 W. Main Street, Suite 512, Frankfort, Kentucky 40601.

7. At all times material hereto, the Defendant, Audubon Motors, Inc. was a Kentucky Corporation active and in good standing doing business for profit. The principle office is located at 2945 US Highway 41 N, Henderson, Kentucky 42420.

8. The registered agent for service of process is Larry Bennett, 2945 US Highway 41 N, Henderson, Kentucky 42420.

III. FACTUAL ALLEGATIONS

9. Plaintiff re-alleges and incorporates herein by reference the allegations contained in Paragraphs 1-8 as if fully set forth herein.

10. The Defendant, FCA US, LLC develops, manufactures, distributes, and sells a wide range of automotive products, including passenger cars; Defendant deals in and has specialized knowledge of automobiles and holds itself out as having knowledge and skill in the design and manufacture of automobiles.

11. In 2017, the Defendant, FCA UA, LLC manufactured and sold the automobile known as the Jeep Patriot, which Defendant knew or should have known was equipped with faulty airbags.

12. Defendant manufactures and has manufactured Jeep Patriots identical to the subject vehicle owned and operated by the Plaintiff and offers them for sale through various dealerships across the United States including the Defendant, Audubon Motors, Inc. The Defendant designed, manufactured, tested, warranted, advertised, distributed, and sold the Plaintiff's Jeep Patriot equipped with faulty airbags.

13. As designed and manufactured by Defendant, the Jeep Patriot was and is inherently and permanently defective because the airbags failed to deploy.

14. The Defendant, FCA US, LLC did not adequately research, design, test, and/or manufacture the 2017 Jeep Patriot before warranting, advertising, promoting, marketing and selling them as safe and suitable and appropriate for the intended and foreseeable use.

15. The Defendant, Audubon Motors, Inc. did not adequately test or inspect the 2017 Jeep Patriot before warranting, advertising, promoting, marketing and selling the vehicle to the Plaintiff as safe and suitable and appropriate for the intended and foreseeable use.

16. Upon information and belief, the Defendant, FSA US, LLC was and is aware of the propensity of the airbag failure, but has taken no action to warn or remedy the problem relative to the 2017 Jeep Patriot.

17. Due to the airbag defect(s) of the 2017 Jeep Patriot subject vehicle, the Plaintiff, [REDACTED] suffered significant and permanent personal injuries.

18. Upon information and belief, the Defendant has and at all times material hereto has had, actual knowledge of the inherent and permanent defect in the airbag system.

19. Plaintiff could not have discovered the defect(s) in the airbag as Plaintiff was without access to information which was in Defendants' possession.

IV. CLAIMS FOR RELIEF

A. FIRST CLAIM FOR RELIEF: NEGLIGENCE

20. Plaintiff re-alleges and incorporates the allegations contained in Paragraphs 1 –19 as if fully set forth herein.

21. At all times herein mentioned, Defendants designed, tested, manufactured, assembled, analyzed, recommended, merchandised, advertised, promoted, distributed, supplied, and sold to distributors and retailers for sale, Jeep Patriots, including the Subject Vehicle and/or its component parts.

22. Defendants owed Plaintiff a duty to exercise reasonable care in the design, testing, manufacture, assembly, sale, distribution and servicing of the Subject Vehicle, including a duty to ensure each did not cause the public, including Plaintiff, unnecessary injury or death.

23. Defendants knew or should have known that the airbags in the Jeep Patriots, including the Subject Vehicle, were defectively designed and inherently dangerous and had a propensity to fail to deploy in a front-in impact.

24. Defendants knew or should have known that the airbags in the Jeep Patriots, including the Subject Vehicle, were defectively designed and/or manufactured and was therefore prone to failure under normal driving conditions, potentially causing injuries and/or deaths.

25. Defendants failed to exercise ordinary care and breached their duty to do so by, among other things:

- a. Failure to use due care in the manufacture, distribution, design, sale, testing, and servicing of the Jeep Patriot, including the Subject Vehicle, and their component parts in order to avoid the aforementioned risks to individuals;
- b. Failure to provide adequate warning of the airbag defect(s) and the propensity of the Jeep Patriots, including the Subject Vehicle, to experience a failure of airbag deployment causing unnecessary danger;
- c. Failure to incorporate, within the Jeep Patriots, including the Subject Vehicle, the design of each reasonable safeguard and protection against an airbag defect(s) and the consequences thereof;
- d. Failure to make timely correction to the design of the Jeep Patriots, including the Subject Vehicle, to correct or eliminate an airbag defect(s);
- e. Failure to adequately identify and mitigate the hazards associated with an airbag defect(s) in accordance with good engineering practices; and,
- f. Defendant's carelessness or negligence.

26. The aforementioned negligent acts and omissions of Defendants were the direct and proximate cause of Plaintiff's damages.

27. Plaintiff is entitled to damages in an amount to be proven at trial, together with interest thereon and costs.

WHEREFORE, Plaintiff prays judgment against Defendants, as hereinafter set forth.

B. SECOND CLAIM FOR RELIEF: STRICT PRODUCTS LIABILITY – DESIGN DEFECT

28. Plaintiff re-alleges and incorporates the allegations contained in Paragraphs 1 – 27 as if fully set forth herein.

29. Defendants designed, engineered, developed, manufactured, fabricated, assembled, equipped, tested or failed to test, inspected or failed to inspect, repaired, retrofit or failed to retrofit, failed to recall, labeled, advertised, promoted, marketed, supplied, distributed, wholesaled, and sold the Jeep Patriots, including the Subject Vehicle and their component parts and constituents, which were intended by the Defendants, to be used as, among other things, passenger vehicles and for other related activities.

30. Defendants knew that the Jeep Patriot, including the Subject Vehicle were to be purchased and used without inspection for defects by any owner or the general public, including Plaintiff.

31. The Jeep Patriots, including the Subject Vehicle, were unsafe for their intended use by reason of defects in their manufacture, design, testing, components and constituents, so that they would not safely serve their purpose, but would instead expose the users of said product to serious injuries.

32. Defendants designed the Jeep Patriots, including the Subject Vehicle defectively, causing each to fail to perform as safely as an ordinary consumer would expect when used in an intended or reasonably foreseeable manner.

33. The risks inherent in the design of the Jeep Patriots, including the Subject Vehicle outweigh significantly any benefits of such design.

34. Plaintiff was unaware of the aforementioned defects at any time prior to the collision.

35. As a legal and proximate result of the aforementioned defects of the Jeep Patriots, including the Subject Vehicle, Plaintiff sustained the injuries and damages set forth herein.

36. Plaintiff is, therefore, entitled to damages in an amount to be proven at the time of trial.

WHEREFORE, Plaintiff prays judgment against Defendant, as hereinafter set forth.

C. THIRD CLAIM FOR RELIEF: STRICT PRODUCTS LIABILITY – FAILURE TO WARN

37. Plaintiff re-alleges and incorporates the allegations contained in Paragraphs 1 – 36 as if fully set forth herein.

38. Defendants knew that the Jeep Patriots, including the Subject Vehicle, and its component parts, would be purchased and used without inspection for defects in the design of the vehicle, in general, or with regard to the airbag defect specifically.

39. The Jeep Patriots, including the Subject Vehicle were defective when each left the control of the Defendants.

40. At the time of the Jeep Patriots, including the Subject Vehicle's design, manufacture, and sale, and continuing up to the time of Plaintiff's injuries, Defendant knew or should have known of the substantial dangers involved in the reasonably foreseeable use of these vehicles, whose defective design, manufacturing, and lack of sufficient warnings caused the vehicles, including the Jeep Patriot, including the Subject Vehicle, to have an unreasonably dangerous propensity of their airbags to fail to deploy in a front-end impact causing unnecessary danger.

41. Defendants knew that these substantial dangers are not and could not be readily recognizable to an ordinary consumer and that consumers would purchase and use the vehicles without inspection and use them on public and private roadways.

42. At all relevant times, Defendants failed to provide adequate warnings, instructions, guidelines or admonitions to members of the consuming public, including Plaintiff, of the defects, which Defendants knew, or in the exercise of reasonable care should have known, to have existed in the Jeep Patriots, including the Subject Vehicle, and its component parts.

43. At the time of Plaintiff's injuries, the operator of the Subject Vehicle, [REDACTED] has stated it was being used in the manner intended by Defendants; used in this manner it was

reasonably foreseeable by Defendants the vehicle posed a substantial danger, not readily apparent to its users and the general public.

44. Plaintiff's damages were the legal and proximate result of Defendants' failure to provide adequate warnings; Defendants owed Plaintiff a duty in designing, manufacturing, warning about, and distributing the Jeep Patriots, including the Subject Vehicle.

WHEREFORE, Plaintiff prays judgment against Defendant, as hereinafter set forth.

D. FOURTH CLAIM FOR RELIEF: FRAUDULENT CONCEALMENT

45. Plaintiff re-alleges and incorporates the allegations contained in Paragraphs 1 – 44 as if fully set forth herein.

46. Throughout the relevant time period, Defendants knew or should have known that the Jeep Patriots, including the Subject Vehicle, were defective in that it, and all Jeep Patriots manufactured in 2017 had unreasonably dangerous propensity for airbag defects and thereby injure the users of these vehicles.

47. Defendants fraudulently concealed from or failed to disclose to the public, including Plaintiff, the true defective nature of the Jeep Patriots, including the Subject Vehicle.

48. Defendant was under a duty to the public, including the Plaintiff, to disclose and warn of the defective nature of the Jeep Patriots, including the Subject Vehicle, because: (1) Defendants were in a superior position to know the true state of the facts about the hidden defects in the Jeep Patriots, including the Subject Vehicle, and those defects were latent; (2) Defendants made partial disclosures about the safety and quality of the Jeep Patriots, including the Subject Vehicle, while not revealing their true defective nature; and (3) Defendants fraudulently and affirmatively concealed the defective nature of the Jeep Patriots, including the Subject Vehicle from Plaintiff.

49. The facts concealed or undisclosed by Defendants to the public, including the Plaintiff, were material facts that a reasonable person would have considered to be important in deciding whether or not to purchase or operate the Jeep Patriots, including the Subject Vehicle.

50. Defendants intentionally concealed or failed to disclose the true nature of the problems with the Jeep Patriots, including the Subject Vehicle for the purpose of inducing the public, including Plaintiff, to act thereon, and the public, including Plaintiff, justifiably acted or relied upon, to their detriment and the detriment of others, including Plaintiff, the concealed and/or undisclosed facts, as evidenced by their purchase and operation of the Jeep Patriots, including the Subject Vehicles.

51. Defendant has not adequately notified past purchasers or warned future purchasers of the airbag defect(s) of the Jeep Patriots, including the Subject Vehicle, and have not taken appropriate action to recall, buy back, or retrofit their airbags.

52. As a direct and proximate cause of Defendants' misconduct, Plaintiff has suffered actual damages.

WHEREFORE, Plaintiff pray for judgment against Defendants, as hereinafter set forth.

V. NEGLIGENCE CLAIMS AGAINST THE DEFENDANT, AUDUBON MOTORS, INC.

53. Plaintiff re-alleges and incorporates the allegations contained in Paragraphs 1 – 52 as if fully set forth herein.

54. The Defendant, Audubon Motors, Inc. breached an express warranty that the 2017 Jeep Patriot that the Plaintiff purchased new had properly functioning airbags. The Defendant, Audubon Motors, Inc. knew or should have known at the time of sale of such 2017 Jeep Patriot that the vehicle was in a defective condition, unreasonable dangerous to the user or consumer.

Moreover, the Defendant, by and through its agents and/or employees negligently failed to test or inspect the vehicle to determine whether the airbags were functioning properly.

VI. PLAINTIFFS' DAMAGES

55. Plaintiff re-alleges and incorporates herein by reference the allegations contained in Paragraphs 1 – 54 as if fully set forth herein.

56. As a direct and proximate result of the Defendants' actions, by and through their agents and/or employees, as set forth herein, the Plaintiff, [REDACTED] has suffered permanent personal injuries, she has incurred medical expense and will incur such expense in the future, [REDACTED]

WHEREFORE, Plaintiff demands judgment against the Defendants in an amount sufficient to establish the jurisdiction of this Court, for her costs herein expended and for any and all other just and proper relief to which they may appear entitled.

PLAINTIFF DEMANDS TRIAL BY JURY.

Respectfully submitted,


[REDACTED]
Jeffrey T. Sampson
THE SAMPSON LAW FIRM
450 South Third Street
4th Floor
Louisville, Kentucky 40202
(502) 584-5050

ATTORNEY FOR PLAINTIFF

SPECIAL CONDITIONS		NUMBER INJURED 2	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT BARSTOW SUPERIOR		LOCAL REPORT NUMBER [REDACTED]		
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN BERNARDINO	REPORTING DISTRICT	BEAT 072	DAY OF WEEK WEDNESDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION	ADDRESS		MO.	DAY	YEAR	TIME (2400) 1703	NCIC # 9835	OFFICER I.D. 021001	
	MILEPOST INFORMATION		GPS COORDINATES		LATITUDE		LONGITUDE		
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OF		STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE				
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED]	STATE KY	CLASS F	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR JEEP PATRIOT WHI	LICENSE NUMBER [REDACTED]	STATE KY
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) [REDACTED]		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER						
PEDES-TRIAN <input type="checkbox"/>	[REDACTED]		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP OWENSBORO KY [REDACTED]		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BICY-CLIST <input type="checkbox"/>	SEX F	HAIR GRY	EYES GRN	HEIGHT [REDACTED]	WEIGHT [REDACTED]	BIRTHDATE [REDACTED]	YEAR [REDACTED]	RACE W	
OTHER <input type="checkbox"/>	HOME PHONE UNKNOWN		BUSINESS PHONE UNKNOWN		VEHICLE IDENTIFICATION NUMBER: VEHICLE TYPE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
INSURANCE CARRIER NONE		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 70		SHADE IN DAMAGED AREA [REDACTED]	
PARTY 2	DRIVER'S LICENSE NUMBER [REDACTED]	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR HONDA CIVIC BLK	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) [REDACTED]		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER						
PEDES-TRIAN <input type="checkbox"/>	[REDACTED]		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP LA PUENTE CA [REDACTED]		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BICY-CLIST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT [REDACTED]	WEIGHT [REDACTED]	BIRTHDATE [REDACTED]	YEAR [REDACTED]	RACE O	
OTHER <input type="checkbox"/>	HOME PHONE UNKNOWN		BUSINESS PHONE UNKNOWN		VEHICLE IDENTIFICATION NUMBER: VEHICLE TYPE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
INSURANCE CARRIER FARMERS		POLICY NUMBER [REDACTED]		DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 70		SHADE IN DAMAGED AREA [REDACTED]	
PARTY 3	DRIVER'S LICENSE NUMBER [REDACTED]	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR HONDA CIVIC WHI	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) [REDACTED]		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER						
PEDES-TRIAN <input type="checkbox"/>	[REDACTED]		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP WILDOMAR CA [REDACTED]		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BICY-CLIST <input type="checkbox"/>	SEX F	HAIR BRN	EYES BLU	HEIGHT [REDACTED]	WEIGHT [REDACTED]	BIRTHDATE [REDACTED]	YEAR [REDACTED]	RACE W	
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED]		BUSINESS PHONE NONE		VEHICLE IDENTIFICATION NUMBER: VEHICLE TYPE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
INSURANCE CARRIER NAT GEN PREMIER		POLICY NUMBER [REDACTED]		DIR OF TRAVEL ON STREET OR HIGHWAY S		SPEED LIMIT 70		SHADE IN DAMAGED AREA [REDACTED]	
PREPARER'S NAME DAVID ERICKSON 021001			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME CRAIG STEVENS 013489		DATE REVIEWED 01/04/2018	


DATE OF COLLISION (MO, DAY, YEAR)	TIME (2400)	INCIDENT #	OFFICER ID.	NUMBER
	1703		021001	

PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS
	DESCRIPTION OF DAMAGE	
	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR, OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	SAFETY EQUIPMENT OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M / C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1			2			3			SPECIAL INFORMATION	1			2			3			MOVEMENT PRECEDING COLLISION
1 A 22350 VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A CONTROLS FUNCTIONING										A HAZARDOUS MATERIAL				X	X	X	A STOPPED			
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*										B CELL PHONE HANDHELD IN USE				X			B PROCEEDING STRAIGHT			
C OTHER THAN DRIVER*	C CONTROLS OBSCURED										C CELL PHONE HANDSFREE IN USE							C RAN OFF ROAD			
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X	X	X	X	X	X	X	X	D CELL PHONE NOT IN USE							D MAKING RIGHT TURN			
	TYPE OF COLLISION																E SCHOOL BUS RELATED	E MAKING LEFT TURN			
	A HEAD - ON										F 75 FT MOTORTRUCK COMBO							F MAKING U TURN			
	B SIDE SWIPE										G 32 FT TRAILER COMBO							G BACKING			
	X C REAR END										H							H SLOWING / STOPPING			
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE										I							I PASSING OTHER VEHICLE			
X A CLEAR	E HIT OBJECT										J							J CHANGING LANES			
B CLOUDY	F OVERTURNED										K							K PARKING MANEUVER			
C RAINING	G VEHICLE / PEDESTRIAN										L							L ENTERING TRAFFIC			
D SNOWING	H OTHER*:										M							M OTHER UNSAFE TURNING			
E FOG / VISIBILITY FT.											N							N XING INTO OPPOSING LANE			
F OTHER*:	MOTOR VEHICLE INVOLVED WITH																O PARKED				
G WIND	A NON - COLLISION																	P MERGING			
	B PEDESTRIAN																	Q TRAVELNG WRONG WAY			
LIGHTING	C OTHER MOTOR VEHICLE				1	2	3				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)						R OTHER*				
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY										A VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO										
B DUSK - DAWN	E PARKED MOTOR VEHICLE										B VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO										
C DARK - STREET LIGHTS	F TRAIN										C VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO										
X D DARK - NO STREET LIGHTS	G BICYCLE										D				X	X	X	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)			
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:										E VISION OBSCUREMENT:							A HAD NOT BEEN DRINKING			
ROADWAY SURFACE	I FIXED OBJECT:										F INATTENTION*:							B HBD - UNDER INFLUENCE			
X A DRY	J OTHER OBJECT:										G STOP & GO TRAFFIC							C HBD - NOT UNDER INFLUENCE*			
B WET											H ENTERING / LEAVING RAMP							D HBD - IMPAIRMENT UNKNOWN*			
C SNOWY - ICY											I PREVIOUS COLLISION							E UNDER DRUG INFLUENCE*			
D SLIPPERY (MUDDY, OLY., ETC.)											J UNFAMILIAR WITH ROAD							F IMPAIRMENT - PHYSICAL*			
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS																G IMPAIRMENT NOT KNOWN				
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED										K DEFECTIVE VEH. EQUIP.: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO							H NOT APPLICABLE			
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION										L UNINVOLVED VEHICLE							I SLEEPY / FATIGUED*			
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION										M OTHER*:										
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK										N NONE APPARENT										
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER										O RUNAWAY VEHICLE										
F FLOODED*	F NOT IN ROAD				X	X	X														
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS																				
X H NO UNUSUAL CONDITIONS																					

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4 <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS
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DATE OF OCCURRENCE (MO. DAY YEAR)				TIME(2400)	OFFICER I.D.					NUMBER										
[REDACTED]				1703	[REDACTED]					[REDACTED]										
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED			
<input type="checkbox"/>	<input type="checkbox"/>			FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER								
<input type="checkbox"/> #	<input type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	4	M	H	0			
NAME / D.O.B. / ADDRESS													TELEPHONE							
[REDACTED] LA PUENTE CA [REDACTED]													UNKNOWN							
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:												
DESERT AMBULANCE								BARSTOW COMMUNITY HOSPITAL												
DESCRIBE INJURIES:																				
[REDACTED]																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
<input type="checkbox"/> #	<input checked="" type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	L	G	0			
NAME / D.O.B. / ADDRESS													TELEPHONE							
[REDACTED] LA PUENTE CA [REDACTED]													UNKNOWN							
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:												
DESCRIBE INJURIES:																				
[REDACTED]																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
<input type="checkbox"/> #	<input type="checkbox"/>	66	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	L	G	0			
NAME / D.O.B. / ADDRESS													TELEPHONE							
[REDACTED] OWENSBORO KY [REDACTED]													UNKNOWN							
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:												
DESERT AMBULANCE								BARSTOW COMMUNITY HOSPITAL												
DESCRIBE INJURIES:																				
[REDACTED]																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
NAME / D.O.B. / ADDRESS													TELEPHONE							
[REDACTED]													[REDACTED]							
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:												
DESCRIBE INJURIES:																				
[REDACTED]																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
NAME / D.O.B. / ADDRESS													TELEPHONE							
[REDACTED]													[REDACTED]							
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:												
DESCRIBE INJURIES:																				
[REDACTED]																				
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																				
PREPARER'S NAME				I.D. NUMBER				MO. DAY YEAR				REVIEWER'S NAME				MO. DAY YEAR				
DAVID ERICKSON				021001				[REDACTED]				CRAIG STEVENS 013489				01/04/2018				

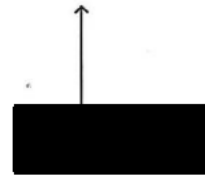
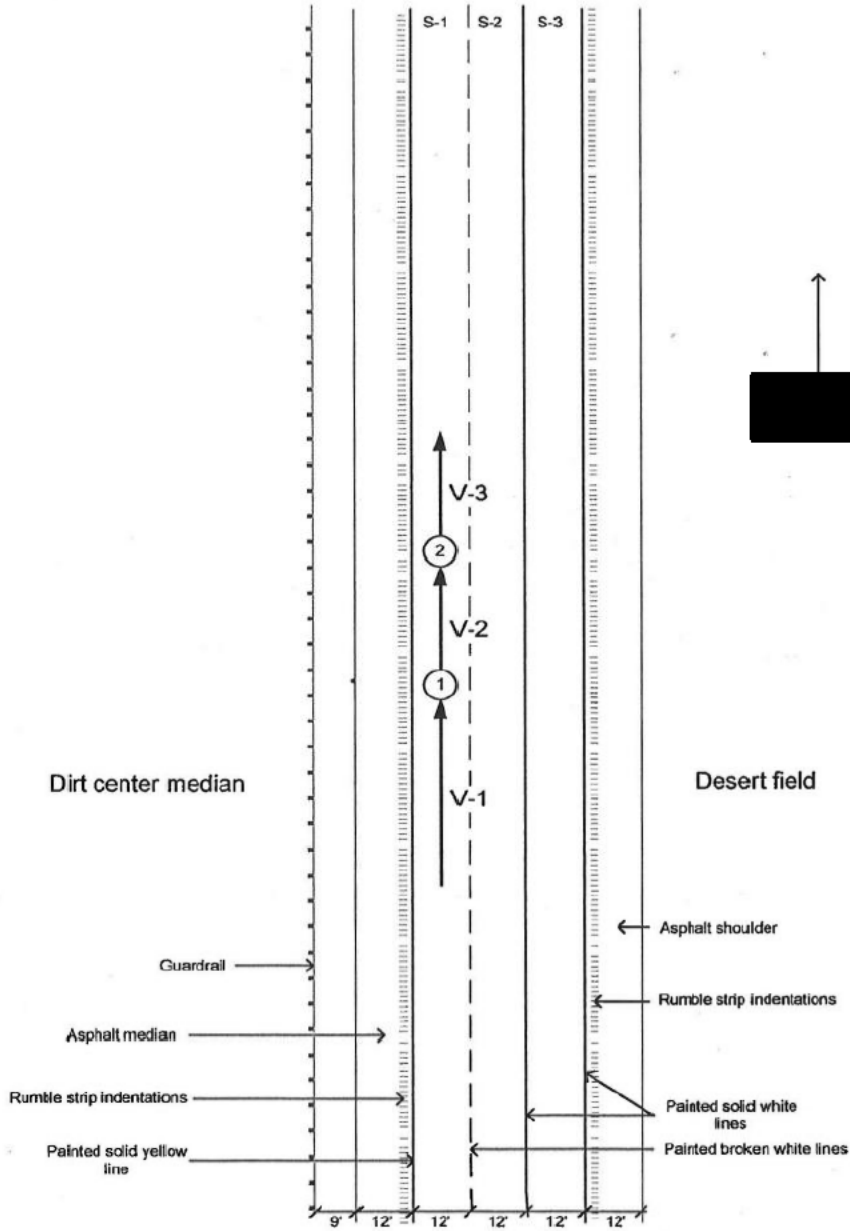
STATE OF CALIFORNIA
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 04-11) OPI 060

PAGE 4 OF 13

DATE OF INCIDENT [REDACTED]	TIME 1703	NCIC NUMBER [REDACTED]	OFFICER I.D. 021001	NUMBER [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= [REDACTED])



PREPARED BY DAVID ERICKSON	I.D. NUMBER 021001	DATE [REDACTED]	REVIEWER'S NAME CRAIG STEVENS 013489	DATE 01/04/2018
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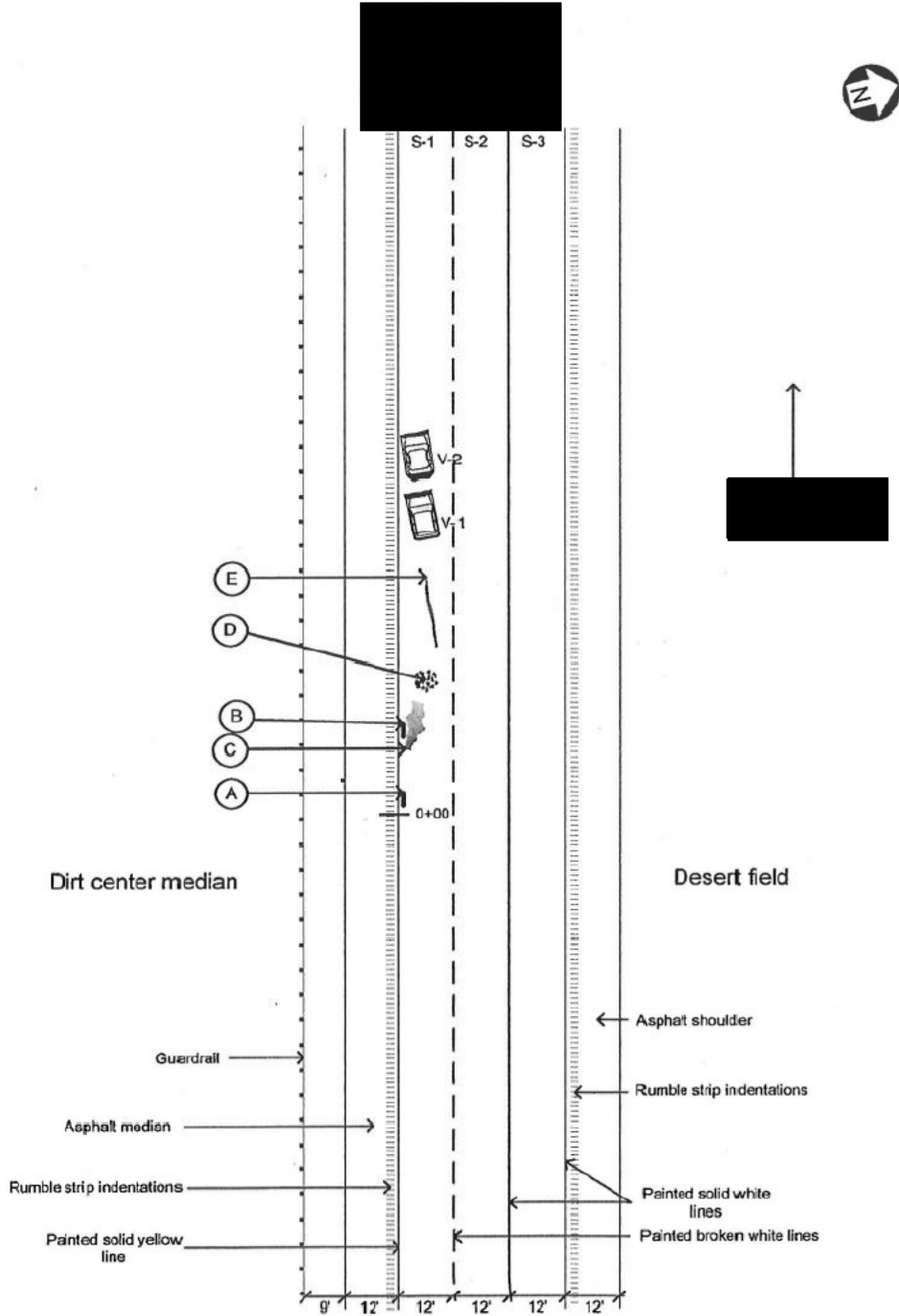
STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 04-11) OPI 060

PAGE 5 OF 13

DATE OF INCIDENT [REDACTED]	TIME 1703	NCIC NUMBER [REDACTED]	OFFICER I.D. 021001	NUMBER [REDACTED]
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=



PREPARED BY DAVID ERICKSON	I.D. NUMBER 021001	DATE [REDACTED]	REVIEWER'S NAME CRAIG STEVENS 013489	DATE 01/04/2018
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
[REDACTED]	1703	[REDACTED]	021001

1 **PHYSICAL EVIDENCE DESCRIPTION AND LOCATION:**

2

3 **STATION LINE DESCRIPTION:**

4

5 A station line was established along the east roadway edge of southbound [REDACTED] 0+00 starts approximately
 6 .2 miles north of mile post marker [REDACTED]. The station line increases as it proceeds south. Offset
 7 measurements were taken at right angles from the station line.

8

9 All measurements were taken using visual estimation and roll meter.

10

11 **Vehicle Points of Rest:**

12

<u>Description:</u>	<u>Left/Right of Station:</u>	<u>Point On Station:</u>
---------------------	-------------------------------	--------------------------

14

15 **Vehicle #1 (Jeep)**

16

17 Left Rear Tire

18 Left Front Tire

19

20 **Vehicle #2 (Honda)**

21

22 Left Rear Tire

23 Left Front Tire

24

25 **Vehicle #3 (Honda) was moved prior to obtaining measurements.**

26

27

28

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID ERICKSON	021001	[REDACTED]	CRAIG STEVENS 013489	01/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
[REDACTED]	1703	[REDACTED]	021001

1 PHYSICAL EVIDENCE:

2

3 A. Tire friction mark

4

5 Starts

6 Ends

7

8 B. Fluid spray

9

10 Starts

11 Ends

12

13

14 C. Tire friction mark

15

16 Starts

17 Ends

18

19 D. Broken glass (5' by 5')

20

21 Center of glass debris

22

23 E. Fluid trail

24

25 Starts

26 Ends

27

28

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID ERICKSON	021001	[REDACTED]	CRAIG STEVENS 013489	01/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
[REDACTED]	1703	[REDACTED]	021001	[REDACTED]

1

2

FACTS:

3

4 NOTIFICATION:

5

6 On [REDACTED] at approximately 1707 hours, I received a call from Barstow Dispatch Center of a collision
7 southbound [REDACTED] I responded from [REDACTED] and arrived on scene at
8 approximately 1716 hours. Upon my arrival, I determined this to be a three vehicle collision resulting in
9 major injuries.

10

11 All times, speeds, and measurements are approximate. Measurements were obtained by roll meter
12 and odometer.

13

14 SCENE:

15

16 [REDACTED] is a designated north/south, full control of access freeway maintained by the State of California. At this
17 location [REDACTED] southbound is primarily aligned in northwest/southeast direction. At this location, southbound
18 [REDACTED] north of [REDACTED] is a straight, three-lane, asphalt roadway, located in an unincorporated area of
19 San Bernardino County. At this location, southbound [REDACTED] is bordered to the east by a solid yellow line,
20 inset rumble strips, asphalt shoulder, dirt median and guardrail separating the southbound lanes from the
21 northbound lanes. The southbound lanes are bordered to the west by a solid white line, inset rumble strips,
22 asphalt shoulder and desert field. The #1 lane is separated from the #2 lane by painted broken white lines.
23 The #3 lane is designated for slower moving traffic and separated from the #2 lane by a painted solid white
24 line.

25

26 [REDACTED] is controlled by a posted maximum speed limit of 70 MPH for passenger vehicles, and a posted
27 maximum speed limit of 55 MPH for truck tractor combination vehicles, and vehicles towing. At the time
28 of this collision, lighting was dark and the weather was calm. No visual obstructions or roadway defects
29 were noted or claimed. Refer to the Factual Diagram and Legend for further information.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID ERICKSON	021001	[REDACTED]	CRAIG STEVENS 013489	01/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
[REDACTED]	1703	[REDACTED]	021001

1 PARTIES/VEHICLES

2

3 Party #1 [REDACTED] was contacted lying on the ground by the driver side door of Vehicle #1 (Jeep). She was
4 identified verbally as [REDACTED] Party #1 was determined to be the driver of
5 Vehicle #1 by her statement, she was the sole occupant of Vehicle #1 and she is the registered owner of
6 Vehicle #1.

7

8 Vehicle # 1 (Jeep) was located in the #1 lane of southbound [REDACTED] Vehicle #1
9 sustained major damage as a result of this collision. Vehicle #1's front bumper was dislodged, dented, and
10 broken at its middle. Vehicle #1's grill sustained a major dent at its center and was pushed in toward the
11 engine compartment. The hood sustained a large dent at its center causing it to partially fold. Vehicles #1's
12 airbags were deployed as a result of this collision. Vehicle #1's seat belts were inspected and determined to
13 be in working order during this collision. No mechanical defects were noted or claimed.

14

15 Party #2 [REDACTED] was contacted standing near Vehicle #2 (Honda) at the time of my arrival. He was identified
16 by his valid California driver license as [REDACTED] Party #2 was determined to be the driver of Vehicle #2 by
17 his statement, passenger statements and he is the registered owner of Vehicle #2.

18

19 Vehicle #2 (Honda) was located in the #1 lane of southbound [REDACTED] Vehicle #2
20 sustained major damage as a result of this collision. Vehicle #2's entire rear-end was crushed inward
21 toward the passenger compartment. Both taillights were broken, rear bumper detached and rear window
22 shattered. Vehicle #2's front bumper was dented and pushed toward the engine compartment. Vehicle #2's
23 hood was dented and dislodged from the front of Vehicle #2. Vehicle #2's seat belts were inspected and
24 determined to be in working order during this collision. No mechanical defects were noted or claimed.

25

26

27

28

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID ERICKSON	021001	[REDACTED]	CRAIG STEVENS 013489	01/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
[REDACTED]	1703	[REDACTED]	021001

1 **PARTIES/VEHICLES (CONTINUED):**

2

3 Party # [REDACTED] was contacted standing near Vehicle #3 (Honda) at the time of my arrival. She was
 4 identified by her valid California driver license as [REDACTED] Party #3 was determined to be the
 5 driver of Vehicle #3 by her statement, she was the sole occupant of Vehicle #3 and she is the registered
 6 owner of Vehicle #3.

7

8 Vehicle #3 (Honda) was located on the asphalt median on southbound [REDACTED] Vehicle
 9 #3 was driven from the #1 lane to the median immediately after the collision. Vehicle #3 sustained
 10 moderate damage as a result of this collision. Vehicle #3's rear bumper was dented and detached from the
 11 right rear of Vehicle #3. Vehicle #3's rear trunk compartment sustained minor denting. Vehicle #3's seat
 12 belts were inspected and determined to be in working order during this collision. No mechanical defects
 13 were noted or claimed.

14

15 **STATEMENTS:**

16

17 Party # [REDACTED] was contacted on scene and related the following, in essence: She was driving Vehicle #1
 18 (Jeep), southbound [REDACTED] at an unknown speed. She saw traffic began to slow ahead of her.
 19 She began to applied brakes to Vehicle #1. She noticed Vehicle #1 was rapidly approaching Vehicle #2
 20 (Honda). She applied a hard brake application to Vehicle #1 in hopes to slow faster. The front of Vehicle
 21 #1 collided with the rear of Vehicle #2. After the collision, Vehicle #1 became disabled within the #1 lane
 22 of southbound [REDACTED] She advised it happened very fast and she was unsure of her
 23 speed prior to the collision.

24

25

26

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29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID ERICKSON	021001	[REDACTED]	CRAIG STEVENS 013489	01/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
[REDACTED]	1703	[REDACTED]	021001

1 STATEMENTS (CONTINUED):

2

3 Party #2 [REDACTED] was contacted on scene and related the following, in essence: He was driving Vehicle #2
4 (Honda), southbound [REDACTED] Traffic began to slow ahead of him. He brought Vehicle
5 #2 to a complete stop directly behind Vehicle #3 (Honda). Shortly after stopping he felt a sudden impact to
6 the rear of Vehicle #2. Vehicle #2 was pushed forward causing the front of Vehicle #2 to collide with the
7 rear of Vehicle #3. After the collision, Vehicle #2 was disabled within the #1 lane of southbound [REDACTED]
8 directly in front of Vehicle #1. He advised he never saw Vehicle #1 approaching prior to the collision.

9

10 Party # [REDACTED] was contacted on scene and related the following, in essence: She was driving Vehicle
11 #3 (Honda), southbound [REDACTED] Traffic began to slow ahead of her. She brought Vehicle
12 #3 to a complete stop. She heard a loud "crashing" noise to the rear of Vehicle #3. Immediately after
13 hearing the noise, she felt an impact to the rear of Vehicle #3. Vehicle #3 was pushed forward a short
14 distance and came to rest within the #1 lane directly in front of Vehicle #2 (Honda). She drove Vehicle #3
15 to the asphalt median prior to CHP arrival. Upon exiting Vehicle #3, she saw Vehicle #1 (Jeep) had
16 collided into the rear of Vehicle #2 and the front of Vehicle #2 had collided into the rear of Vehicle #3.

17

18 Passenger # [REDACTED] was contacted on scene seated in the left rear passenger seat of Vehicle #2 (Honda).
19 Due to a language barrier and injuries sustained, a statement was not obtained.

20

21 Passenger #2 [REDACTED] was contacted on scene and related the following, in essence: She was seated in the
22 right front passenger seat of Vehicle #2 (Honda) while Party #2 [REDACTED] drove. Vehicle #2 was stopped due to
23 heavy traffic. There was a sudden impact to the rear of Vehicle #2. Vehicle #2 was pushed forward and
24 collided with Vehicle #3 (Honda).

25

26

27

28

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID ERICKSON	021001	[REDACTED]	CRAIG STEVENS 013489	01/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
[REDACTED]	1703	[REDACTED]	021001

1 **OPINIONS AND CONCLUSIONS:**

2

3 **SUMMARY:**

4

5 Party #1 [REDACTED] was driving Vehicle #1 (Jeep) southbound [REDACTED] approaching
6 Vehicle #2 (Honda), in the #1 lane, at an unknown speed. Party #2 [REDACTED] was driving Vehicle #2
7 southbound [REDACTED] stopped in the #1 lane, just north of Vehicle #1 and directly behind
8 Vehicle #3 (Honda). Party #3 [REDACTED] was driving Vehicle #3 (Honda) southbound [REDACTED]
9 [REDACTED] stopped in the #1 lane, directly in front of Vehicle #2. Party #1 noticed Vehicle #1 was
10 approaching Vehicle #2 at a high rate of speed. Party #1 applied brakes to Vehicle #1 in attempt to avoid a
11 collision with Vehicle #2. Due to Party #1's unsafe speed for conditions, Party #1 was unable to slow
12 Vehicle #1 in time, causing the front of Vehicle #1 to collide with the rear of Vehicle #2. Vehicle #2 was
13 pushed forward causing the front of Vehicle #2 to collide with the rear of Vehicle #3. After the collision, all
14 vehicles came to rest within the #1 lane of southbound [REDACTED] in their wheels facing
15 south.

16

17 **The Summary was determined by statements, physical evidence and vehicle damage.**

18

19 **AREAS OF IMPACT (AOIS):**

20

21 AOI #1 (Vehicle #1 vs Vehicle #2) was located approximately [REDACTED]

22

23 AOI #2 (Vehicle #2 vs Vehicle #3) was located approximately [REDACTED]

24

25 **The Areas of Impact were determined by statements, physical evidence and vehicle damage.**

26

27

28

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID ERICKSON	021001	[REDACTED]	CRAIG STEVENS 013489	01/04/2018

ACCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
[REDACTED]	1703	[REDACTED]	021001	[REDACTED]

1 **CAUSE:**

2

3 Party #1 [REDACTED] was the cause of this collision in violation of California Vehicle Code section 22350 VC –

4 Unsafe speed for conditions.

5

6 **The Cause was determined by statements, physical evidence and vehicle damage.**

7

8 **RECOMMENDATIONS:**

9

10 None

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DAVID ERICKSON	021001	[REDACTED]	CRAIG STEVENS 013489	01/04/2018

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
[REDACTED]	1703	[REDACTED]	21001	[REDACTED]

1 The purpose of the supplemental report for collision [REDACTED] is to address concerns expressed by
2 Party #1 [REDACTED] contacted the Barstow area CHP office via telephone on April 3,
3 2018 at approximately 1420 hrs. [REDACTED] related that within the above listed traffic collision report were
4 a couple of inaccuracies she wished to have addressed. [REDACTED] related that on page 9, line 3 states that
5 she was contacted lying on the ground outside of her vehicle, however [REDACTED] said that she was seated
6 within the vehicle when she was contacted by emergency personnel. Also, Page 9, lines 11 and 12 state that
7 he vehicle airbags deployed in the collision, however [REDACTED] stated that the airbags had not actually
8 deployed.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
C. Stevens	13489	04/03/2018		

EA19-001

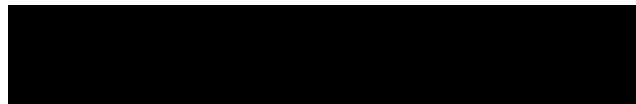
FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

Legal Backup





DWYER & COOGAN, P.C.

INJURY LAW ATTORNEYS

Please Direct Replies:

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FACSIMILE COVER SHEET (FROM (312) 782-7433)

TO: John A. Pitt, EAA/SA

CCRG at Chrysler

FAX No.: 248-512-0922

DATE: May 4, 2016

PAGES: 8 (including cover sheet)

RE: [REDACTED]

THIS FACSIMILE IS FROM A LEGAL OFFICE AND RELATED TO ONGOING LEGAL MATTERS. PLEASE DIRECT ANY REPLIES TO THE ABOVE FACSIMILE NUMBER OR THE ABOVE E-MAIL ADDRESSES. PLEASE CONTACT THE ABOVE IF THIS IS RECEIVED IN ERROR.



DWYER & COOGAN, P.C.

INJURY LAW ATTORNEYS

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140 S. Dearborn St., Suite 1603
Chicago, IL 60603
312.782.7482

May 4, 2016

Suburban: 10001 S. Roberts Rd.
Palos Hills, IL 60465
708.598.6060

John A. Pitt, EAA/SA
c/o CCRG at Chrysler
Sent Via fax 248-512-0922

Re: [REDACTED]
D/I: [REDACTED] Motor Vehicle Collision Head Rest Explosion

Dear Mr. Pitt:

I am representing [REDACTED] in claim for injuries for persons responsible for injuries that she suffered on [REDACTED]. She was involved in a rear-end collision in which her car was struck in the rear and was forcibly propelled into a vehicle in front of her. Obviously, she underwent two collision in this occurrence. She complains that the airbag in the headrest on the driver's seat exploded and hit her in the head.

My client has instructed me to report this airbag injury to Chrysler. Please let us know what other information you need for us to continue the reporting procedures in this case.

Enclosed is a copy of the property damage estimate. The repairs were paid by the Mayfield family automobile insurance company, Geico.

Yours very truly,

[REDACTED SIGNATURE]

Patrick E. Dwyer II
PED/mn
enclosure

GEICO

GEICO CLAIMS

For supplement requests copy the link below
partners.geico.com/gvbps/Logon.aspx

Macon, GA 31296

Phone: (331) 801-1277

Fax: (844) 715-5236

Claim #: [REDACTED]
Workfile ID: [REDACTED]

Estimate of Record

Written By: CHRISTOPHER CAIRO, 1/18/2016 3:41:16 PM
Adjuster: F546

Insured:	[REDACTED]	Owner Policy #:	[REDACTED]	Claim #:	[REDACTED]
Type of Loss:	Collision	Date of Loss:	[REDACTED] 11:20 AM	Days to Repair:	5
Point of Impact:	D6 Rear	Deductible:	500.00		

Owner (Insured):

[REDACTED]
[REDACTED]
Richton Park, IL [REDACTED] 1
[REDACTED] Business
[REDACTED] Evening

Inspection Location:

Crash Champions New Lenox-XD
290 E Lincoln Hwy
New Lenox, IL 60451
Non Drive-In
(815) 485-0000 Day

Repair Facility:

CRASH CHAMPIONS
290 E LINCOLN HWY
NEW LENOX, IL 60451
(815) 485-0000 Business
471529314 Federal ID

VEHICLE

Year:	2010	Color:	blue Int:	License:	[REDACTED]	Production Date:	
Make:	DODG	Body Style:	4D UTV	State:	IL	Odometer:	101887
Model:	NITRO 4X4 SE	Engine:	6-3,7L-FI	VIN:	[REDACTED]	Condition:	

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows

Power Locks

Power Mirrors

Heated Mirrors

DECOR

Dual Mirrors
Body Side Moldings
Privacy Glass

Console/Storage

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Rear Defogger
Keyless Entry
Rear Window Wiper

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes

Traction Control

Stability Control

Head/Curtain Air Bags

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats

Bucket Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
California Emissions

TRUCK

Trailer Hitch
Trailering Package

Claim #:

Workfile ID:

Estimate of Record

2010 DODG NITRO 4X4 SE 4D UTV 6-3.7L-FI blue

Line	Oper	Description	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER				
2	R&I	R&I bumper cover			1.2	
3	R&I	Dam SXT, SLT			0.3	
4	*	Rpr Bumper cover painted			<u>3.0</u>	<u>2.2</u>
5	*	Add for Clear Coat				<u>1.0</u>
6	Repl	Absorber	1	126.00	0.1	
7	#	R&I License Bracket			0.2	
8		FRONT LAMPS				
9	R&I	RT Fog lamp assy			0.3	
10	R&I	LT Fog lamp assy			0.3	
11		FENDER				
12	R&I	RT Wheel flare paint to match			0.5	
13	R&I	LT Wheel flare paint to match			0.5	
14	*	Repl Wheel flare rivet	24	<u>7.92</u>		
15	#	Repl CLEAN AND TAPE	2	6.00	0.5	
16		SEATS & TRACKS				
17	*	Rpr RT Headrest slate gray			<u>0.5</u>	M
18	*	Rpr LT Headrest slate gray			<u>0.5</u>	M
19		QUARTER PANEL				
20	R&I	RT Wheel flare painted			Incl.	
21	R&I	LT Wheel flare painted			Incl.	
22	**	Repl A/M RT Wheel flare rivet	5	3.40	Incl.	
23		Repl LT Wheel flare rivet	5	8.50	Incl.	
24		REAR BODY & FLOOR				
25	*	Rpr Rear body reinf (UHS)			1.0	0.5
26		REAR BUMPER				
27		O/H rear bumper			1.9	
28	**	Repl RECOND Bumper cover painted w/tow pkg	1	492.00	Incl.	2.6
29		Add for Clear Coat				1.0
30		Add for trailer hitch			0.5	
31	Repl	Step pad	1	127.00	Incl.	
32	Repl	Energy absorber	1	128.00	Incl.	
33	#	Repl Cover Car Complete (Conc. A/P)	1		0.2	
34	#	Subl Flex Additive (SHOP REQUIRES FLEX)	1	5.00 T		
35	#	Repl Restore Corrosion Protection	1	10.00 T	0.2	
36		OTHER CHARGES				
37	#	E.P.C.	1	3.00		
SUBTOTALS				916.82	11.7	7.3

NOTES

Claim #:
Workfile ID:**Estimate of Record**

2010 DODG NITRO 4X4 SE 4D UTV 6-3.7L-FI blue

Prior Damage Notes:

Prior Unrelated Damage Notes:

Front Bumper: None
 LT Fender: None
 Hood: None
 Lt Front Door: None
 Lt Rear Door: None
 Roof: None
 Lt Quarter Panel: None
 Decklid/Tailgate: None
 Rear Bumper: None
 Interior: None
 Front Lamps: None
 Rt Fender: None
 Glass: None
 Rt Front Door: None
 Rt Rear Door: None
 Sunroof: None
 Rt Quarter Panel: None
 Rear Lamps: None
 Back Glass: None
 Tires: None

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			898.82
Body Labor	10.7 hrs @	\$ 48.00 /hr	513.60
Paint Labor	7.3 hrs @	\$ 48.00 /hr	350.40
Mechanical Labor	1.0 hrs @	\$ 65.00 /hr	65.00
Paint Supplies	7.3 hrs @	\$ 28.00 /hr	204.40
Miscellaneous			15.00
Other Charges			3.00
Subtotal			2,050.22
Sales Tax	\$ 1,121.22 @	8.5000 %	95.30
Total Cost of Repairs			2,145.52
Deductible			500.00
Total Adjustments			500.00
Net Cost of Repairs			1,645.52

Claim #:
Workfile ID:**Estimate of Record**

2010 DODG NITRO 4X4 SE 4D UTV 6-3.7L-FI blue

This is not an authorization to repair.

All GEICO customers have the right to have their vehicle repaired in the shop of their choice.

No Supplement will be honored unless authorized by GEICO.

NOTICE: Vehicles constructed of special metals may require the use of specialized welding and bonding equipment. Proper measuring and structural repair systems are required on today's vehicle to accurately accomplish vehicle repairs. Make sure your shop has the proper equipment to repair your vehicle.

ALTERNATE PARTS DISCLAIMER:

IF A QUALITY REPLACEMENT PART (A/M, LKQ, RECOND OR OPT OEM) APPEARS ON THIS ESTIMATE, IT INDICATES THAT THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. GUARANTEES, IF ANY, APPLICABLE TO THESE REPLACEMENT CRASH PARTS ARE PROVIDED BY THE PART MANUFACTURER OR DISTRIBUTOR RATHER THAN BY THE MANUFACTURER OF YOUR VEHICLE.

***IN ADDITION TO ANY SUCH GUARANTEES, GEICO PROVIDES THE FOLLOWING:

****OWNER LIMITED GUARANTEE**** WE GUARANTEE THAT ALL QUALITY REPLACEMENT BODY PARTS (PARTS NOT MANUFACTURED BY THE MANUFACTURER) IDENTIFIED ON YOUR ESTIMATE, ARE FREE OF DEFECTS IN MATERIAL AND WORKMANSHIP AND MEET GENERALLY ACCEPTED INDUSTRY STANDARDS. THIS PARTS AND LABOR GUARANTEE WILL BE IN EFFECT FOR AS LONG AS YOU OWN THE VEHICLE DESCRIBED IN THE ESTIMATE. THIS GUARANTEE COVERS THE COST OF THE PART, LABOR TO INSTALL, AND INCIDENTALS SUCH AS PAINT AND MATERIALS AND IS SPECIFICALLY LIMITED TO THOSE ITEMS. THIS GUARANTEE DOES NOT COVER LOSS OR DAMAGE THAT IS UNRELATED TO DEFECTS IN THE QUALITY REPLACEMENT PARTS. THIS IS NOT TRANSFERABLE. IF ANY QUALITY REPLACEMENT PARTS ARE DEFECTIVE IN EITHER MATERIAL OR WORKMANSHIP, CONTACT YOUR LOCAL GEICO REPRESENTATIVE.

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE ILLINOIS VEHICLE CODE.

This estimate has been prepared based on the use of crash parts supplied by a source other than the manufacturer of your motor vehicle. Warranties applicable to these replacement parts are provided by the manufacturer or distributor of these parts rather than the manufacturer of your vehicle.

Claim #:
Workfile ID:**Estimate of Record**

2010 DODG NITRO 4X4 SE 4D LTV 6-3.7L-FI blue

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR3TG07, CCC Data Date 1/15/2016, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2016 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.
X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category.
M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel.
CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel.
HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non
Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace.
R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel.
Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway
Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Claim #: [REDACTED]
Workfile ID: [REDACTED]

Estimate of Record

2010 DODG NITRO 4X4 SE 4D UTV 6-3.7L-FI blue

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price
22	Kent Automotive Tony Laskero 8770 W. Bryn Mawr Chicago IL 60631 (773) 304-5050	#P21197 A/M RT Wheel flare rivet	\$ 0.68
28	KEYSTONE - ALSIP, IL 5100 WEST 123rd STREET ALSIP IL 60803 (800) 622-0096	#CH1100882R RECOND Bumper cover painted w/tow pkg Quote: 48274712 Expires: 03/03/16	\$ 492.00

EA19-001

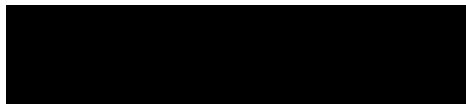
FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

Legal Backup





September 13, 2010

VIA FACSIMILE 248.512.1322

Mr. Jay Susalla
Chrysler Group
P. O. Box 21-8004
Auburn Hills, MI 48231

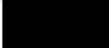
RECEIVED
SEP 14 2010
SPECIAL INVESTIGATIONS

RE:



Palestine, TX

D/A:



Dear Mr. Susalla:

Please be advised that we represent the above referenced individual with regard to his claim against you for a defect in his pickup. [Redacted] was in an automobile accident on [Redacted] in which his air bags did not deploy. For your file and review is a copy of the accident report. It is our understanding that Chrysler is requesting an inspection of the vehicle. Please contact my office to make those arrangements.

If you have any questions or need any additional information, please let me know.

Sincerely,



Ron Adkison

RA/nn

Encl.

cc:



Palestine, TX

Law Enforcement and TxDOT Use Only

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Year Num. 0,0,1 Year Num. 0,0,1 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010) Mail to: Texas Department of Transportation, Crash Records, P.O. Box 148348, Austin, TX 78714 Questions? Call (512)488-5788 Refer to Attached Code Sheet for Numbered Fields

These fields are required on all additional sheets submitted for this crash (ex. additional vehicles, occupants, injured, etc.)

CRASH DATA
 * Crash Date (MM/DD/YYYY) [REDACTED] * Crash Time (24HRMM) 1730 Case # [REDACTED] Local Use [REDACTED]

COUNTY AND CITY
 * County Name Anderson * City Name [REDACTED] Outside City Limit

PROPERTY DAMAGE
 In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No

ROAD ON WHICH CRASH OCCURRED
 1 Hwy. CR 2 Rwy. [REDACTED] 3 Street [REDACTED] 4 Street [REDACTED]

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER
 At Int. [REDACTED] 1 Hwy. FM 1890 2 Rwy. [REDACTED] 3 Street [REDACTED] 4 Street [REDACTED]

VEHICLE 1
 Unit Num. 1 * Unit Desc. 9 Parked Vehicle M and R LP State TX LP Num. [REDACTED] VIN [REDACTED]
 Veh. Year 2,0,1,0 6 Veh. Color BLK 7 Veh. Make DODGE 8 Veh. Model RAM 1500 9 Body Style PK Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

DRIVER 1
 Person Num. 1 12 Pts. [REDACTED] 13 Seat Position [REDACTED] Name: Last, First, Middle [REDACTED] Enter Driver or Primary Person for this Unit on next line
 14 Inj. Severity [REDACTED] 15 Age [REDACTED] 16 Sex [REDACTED] 17 Hgt. [REDACTED] 18 Wgt. [REDACTED] 19 A/Bag [REDACTED] 20 Hair [REDACTED] 21 Bkt. [REDACTED] 22 Alb. [REDACTED] 23 Eyes [REDACTED] 24 Drug Result [REDACTED] 25 Drug Category [REDACTED]

INSURANCE
 Owner Lessee Name & Address [REDACTED] PALESTINE, TX
 Proof of Fin. Resp. [REDACTED] 26 Fin. Resp. Type 2 Fin. Resp. Name OLD AMER CO MUTUAL 27 Vehicle Damage Rating 1 3, R, S, Y, 4 27 Vehicle Damage Rating 2 [REDACTED] Vehicle Insured Yes No
 Towed by TUCKER FARRIS Towed to 308 PERRY ST PALESTINE, TX 903-723-6285

VEHICLE 2
 Unit Num. [REDACTED] * Unit Desc. [REDACTED] Parked Vehicle M and R LP State [REDACTED] LP Num. [REDACTED] VIN [REDACTED]
 Veh. Year [REDACTED] 6 Veh. Color [REDACTED] 7 Veh. Make [REDACTED] 8 Veh. Model [REDACTED] 9 Body Style [REDACTED] Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

DRIVER 2
 Person Num. [REDACTED] 12 Pts. [REDACTED] 13 Seat Position [REDACTED] Name: Last, First, Middle [REDACTED] Enter Driver or Primary Person for this Unit on next line
 14 Inj. Severity [REDACTED] 15 Age [REDACTED] 16 Sex [REDACTED] 17 Hgt. [REDACTED] 18 Wgt. [REDACTED] 19 A/Bag [REDACTED] 20 Hair [REDACTED] 21 Bkt. [REDACTED] 22 Alb. [REDACTED] 23 Eyes [REDACTED] 24 Drug Result [REDACTED] 25 Drug Category [REDACTED]

INSURANCE
 Owner Lessee Name & Address [REDACTED]
 Proof of Fin. Resp. [REDACTED] 26 Fin. Resp. Type [REDACTED] Fin. Resp. Name [REDACTED] 27 Vehicle Damage Rating 1 [REDACTED] 27 Vehicle Damage Rating 2 [REDACTED] Vehicle Insured Yes No
 Towed by [REDACTED] Towed to [REDACTED]

Law Enforcement and TxDOT Use ONLY.
Form CR-3 (01/01/10)

Case ID

TxDOT Crash ID

Page 2 of 2

Unit Num.	Prnt. Num.	Taken To	Taken By	Date of Month (MM/DD/YYYY)	Time of Death (24HR/DM)
1	1	PALESTINE REG MED CENTER	PRMC AMBULANCE		

Unit Num.	Prnt. Num.	Charge	Citation/Reference Num.

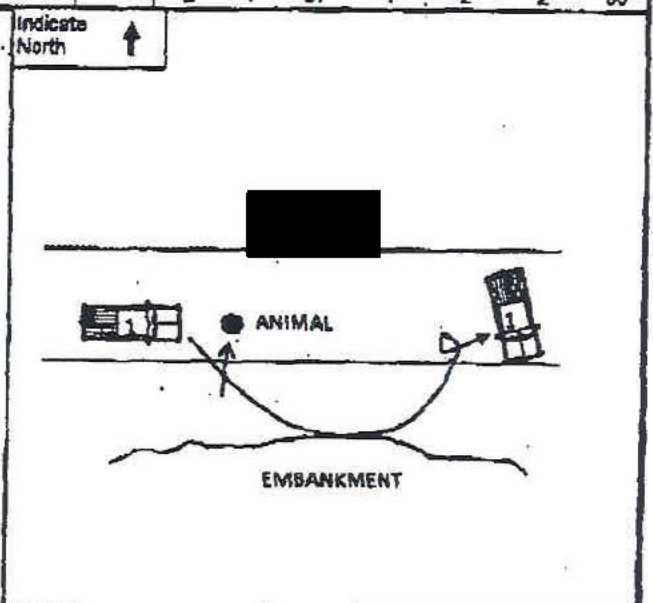
Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	Weight (LBS)	TRANSPORTING HAZARDOUS MATERIAL	Gr Capacity	28 Veh. Open	29 Carrier ID Type	Carrier ID Num.
	12,000					

36 Controlling Factors (Investigator's Opinion)	37 Vehicle Defects (Investigator's Opinion)	38 Weather cond.	39 Light Cond.	40 Existing Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	2	2	1	97	1	2	2	96

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)

UNIT #1 WAS TRAVELING EB ON [REDACTED] A WILD ANIMAL RAN FROM THE SOUTH SIDE OF THE ROAD INTO THE ROADWAY IN FRONT OF UNIT #1. DRIVER TOOK EVASIVE ACTION TO THE RIGHT AND TRAVELED INTO THE DITCH. UNIT #1 STRUCK AN EMBANKMENT ON THE SOUTH SIDE OF [REDACTED] UNIT #1 THEN OVERTURNED R&T, COMING TO REST UPRIGHT FACING SOUTH IN THE ROADWAY.



Time Notified (24HR/DM)	1,7,3,1	How Notified	ACSO DISPATCH	Time Arrived (24HR/DM)	1,7,5,2	Report Date (MM/DD/YYYY)	[REDACTED]
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	CHAD SPARKMAN	ID Num.	9814	Global Area	H, P, 1, B, 1, 1
ORI Num.	7, X, D, P, S, 5, 5, 0, 0	Agency	Texas Department of Public Safety				

Texas Peace Officer's Crash Report - Code Sheet

Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

1. Roadway Location 01 = Interstate 05 = US Highway 08 = State Highway 09 = Farm to Market 10 = Ranch Road 11 = Ranch to Market 02 = Business Interstate 03 = Business US 04 = Business State 06 = Business FM 07 = State Loop 09 = Toll Road	2. Alternate AL = Alternate SP = Spur CR = County Road PR = Park Road RW = Private Road RC = Recreational Road LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Tr., Beach, Alley, Boat Ramp, etc.)	3. Roadway Type 1 = Main/Through Lane 2 = Service/Frontage Road 3 = Entrance/On Ramp 4 = Exit/Off Ramp 5 = Connector/Overpass 99 = Other (Explain in Narrative)	4. Street Prefix Direction from Int. or Bus. Highway N = North NE = Northeast E = East SE = Southeast S = South SW = Southwest W = West NW = Northwest	5. Street Suffix RD = Road ST = Street DR = Drive AVE = Avenue BLVD = Boulevard PKWY = Parkway LN = Lane FWY = Freeway HWY = Highway WAY = Way TRL = Trail LOOP = Loop	6. Other EXPY = Expressway CT = Court CIR = Circle PL = Place PARK = Park CV = Cove
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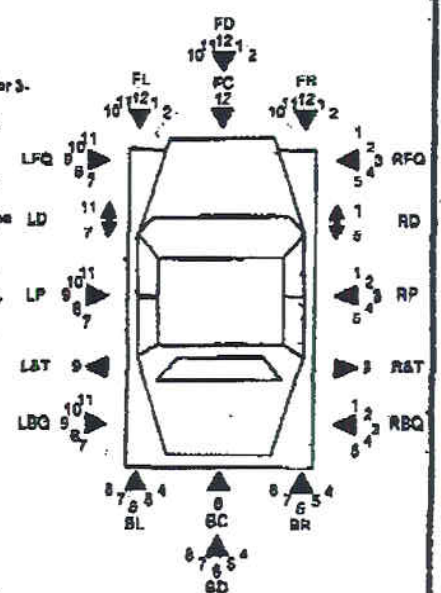
7. Unit Description 1 = Motor Vehicle 2 = Tractor 3 = Pedalcyclist 4 = Pedestrian 5 = Motorized Conveyance 6 = Toward/Trailer 7 = Non-Contact 99 = Other (Explain in Narrative)	8. Vehicle Color BGE = Beige BLK = Black BLU = Blue BRZ = Bronze BRO = Brown CAM = Camouflage CPR = Copper GLD = Gold GRY = Gray GRN = Green MAR = Maroon MUL = Multicolored ORG = Orange PNK = Pink PLE = Purple RED = Red SIL = Silver TAN = Tan TEA = Teal (green) TRQ = Turquoise (blue) WHI = White YEL = Yellow 99 = Other (Explain in Narrative) 99 = Unknown	9. Body Style P2 = Passenger Car, 2-Door P4 = Passenger Car, 4-Door PK = Pickup AM = Ambulance BU = Bus SB = Yellow School Bus FE = Farm Equipment FT = Fire Truck MC = Motorcycle SV = Sport Utility Vehicle PC = Police Car/Truck PM = Police Motorcycle TL = Trailer, Semi-Trailer, or Pole Trailer TR = Truck TT = Truck Tractor VN = Van 99 = Other (Explain in Narrative) 99 = Unknown	10. Driver License/D Type 1 = Driver License 2 = Commercial Driver Lic. 3 = Occupational 4 = ID Card 5 = Unlicensed 98 = Other 99 = Unknown
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11. Driver License Class A = Class A AM = Class A and M B = Class B BM = Class B and M C = Class C CM = Class C and M M = Class M 5 = Unlicensed 98 = Other/Out of State 99 = Unknown	12. Commercial Driver License Endorsements H = Hazardous Materials N = Tank Vehicles P = Passengers S = School Bus T = Double/Triples Trailer X = Tank Vehicle with HazMat 5 = Unlicensed 98 = Other/Out of State 99 = Unknown	13. Driver License Restrictions A = With Corrective Lenses B = LOFS Age 21 or Over C = Daytime Only D = Not to Exceed 48 MPH E = No Expressway Driving F = Must Hold Valid Learner Lic. to NM/DP/RY G = TRC 545.424 Applies until NM/DP/RY H = Vehicle Not to Exceed 25,000 lbs GVWR I = Motorcycle Not to Exceed 280 CC J = Licensed Motorcycle Operator Age 21 or Over in Sight K = Moped L = Vehicle w/o Air Brake - Applies to Vehicles Requiring CDL 4 = CDL Interstate Commerce Only N = Ignition Interlock Required O = Oct./Esentl. Need DL-No CMV-See Court Order P = Based on License Q = LOFS 21 or Over Vehicle Above Class-B R = LOFS 21 or Over Vehicle Above Class-C S = Outside Rear View Mirror or Hearing Aid T = Automatic Transmission U = Applicable Prosthetic Device V = Applicable Vehicle Devices w/o Power Steering W = Vehicle Not to Exceed Class C Y = Valid TX Vision or Limb Waiver Req'd. Z = Valid Fed. Vision or Limb Waiver Req'd. 5 = Unlicensed 98 = None 99 = Other/Out of State 99 = Unknown
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14. Person Type 1 = Driver 2 = Passenger/Occupant 3 = Pedalcyclist 4 = Pedestrian 5 = Driver of Motorcycle Type Vehicle 6 = Passenger/Occupant on Motorcycle Type Vehicle 99 = Other (Explain in Narrative) 99 = Unknown	15. Seat Position 1 = Front Left 2 = Front Center 3 = Front Right 4 = Second Seat Left 5 = Second Seat Center 6 = Second Seat Right 7 = Third Seat Left 8 = Third Seat Center 9 = Third Seat Right 10 = Cargo Area 11 = Outside Vehicle 12 = Other in Vehicle 13 = Passenger in Bus 14 = Pedalcyclist, Pedalcyclist, or Motorized Conveyance 98 = Other (Explain in Narrative) 99 = Unknown	16. Injury Severity A = Inoperating Injury B = Non-Inoperating Injury C = Possible Injury K = Killed N = Not Injured 99 = Unknown	17. Ethnicity W = White B = Black H = Hispanic A = Asian I = Amer. Indian/Alaskan Native O = Other 99 = Unknown	18. Sex 1 = Male 2 = Female 99 = Unknown	19. Elected 1 = No 2 = Yes 3 = Yes, Partial 97 = Not Applicable 99 = Unknown
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20. Seatbelt Used 1 = Shoulder and Lap Belt 2 = Shoulder Belt Only 3 = Lap Belt Only 4 = Child Seat, Facing Forward 5 = Child Seat, Facing Rear 6 = Child Seat, Unknown 7 = Child Booster Seat 98 = None 97 = Not Applicable 99 = Other (Explain in Narrative) 99 = Unknown	21. Solicitation Y = Solicit N = No Solicit	22. Alcohol Specimen Type 1 = Breath 2 = Blood 3 = Urine 4 = Refused 98 = None 97 = Not Applicable 99 = Unknown	23. Address 1 = Not Deployed 2 = Deployed, Front 3 = Deployed, Side 4 = Deployed, Rear 5 = Deployed, Multiple 97 = Not Applicable 99 = Unknown	24. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 3- or 3-letter code, and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned. NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)
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25. Drug Specimen Type 2 = Blood 3 = Urine 4 = Refused 98 = None 99 = Other (Explain in Narrative)	26. Drug Category 2 = CNS Depressants 3 = CNS Stimulants 4 = Hallucinogens 5 = Narcotic Analgesics 7 = Inhalants 8 = Cannabinoids 10 = Dissociative Anesthetics 11 = Multiple Drugs (Explain in Narrative) 97 = Not Applicable 99 = Other Drugs (Explain in Narrative) 99 = Unknown	27. Drug Test Result 1 = Positive 2 = Negative 97 = Not Applicable 99 = Unknown	28. Financial Responsibility Types 1 = Liability Insurance Policy 2 = Proof of Liability Insurance 3 = Insurance Binder 4 = Surety Bond 5 = Certificate of Deposit with Comptroller 6 = Certificate of Deposit with County Judge 7 = Certificate of Self-Insurance
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Texas Peace Officer's Crash Report - Code Sheet

Numbered Flats on the QR-3-Retry to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

COMMERCIAL MOTOR VEHICLE	29. Vehicle Operation		30. Accessory Access		31. Vehicle Type		32. Hazardous Material Code Number	
	1 = Interstate Commerce 2 = Intra-state Commerce 3 = Not in Commerce 4 = Government 5 = Personal	1 = US DOT 2 = TxDOT 3 = ICC/MC 99 = None 98 = Other (Explain in Narrative)	1 = Full Access Control 2 = Partial Access Control 3 = No Access Control	1 = Passenger Car 2 = Light Truck 3 = Bus (6-15) 4 = Bus (>15) 5 = Single Unit Truck 2 Axles 8 Tires 6 = Single Unit Truck 3 or More Axles 7 = Truck Tractor 8 = Truck Tractor (90000) 9 = Tractor/Seed Trailer 10 = Tractor/Double Trailer 11 = Tractor/Triples Trailer 98 = Other (Explain in Narrative) 99 = Unknown Heavy Truck	1 = Explosives 2 = Gases 3 = Flammable Liquids 4 = Flammable Solids 5 = Oxidizers and Organic Peroxides 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Materials 9 = Miscellaneous Dangerous Goods			
COMMERCIAL MOTOR VEHICLE	33. Cargo Body Style		34. Trailer Type					
	1 = Bus (6-15) 2 = Bus (>15) 3 = Van/Enclosed Box 4 = Cargo Tank 5 = Flatbed 6 = Dump 7 = Concrete Mixer	8 = Auto Transporter 9 = Garbage Refuse 10 = Grain Chpts Gravel 11 = Pole 12 = Intermodal 13 = Logging	15 = Vehicle Towing Another Vehicle 97 = Not Applicable 98 = Other (Explain in Narrative)	1 = Flat Trailer 2 = Semi-Trailer 3 = Pole Trailer				
35. Sequence of Events								
1 = Non-Collision: Ran Off Road 2 = Non-Collision: Jackknife 3 = Non-Collision: Overturn Halfway 4 = Non-Collision: Downhill Runaway 5 = Non-Collision: Cargo Loss Or Shift 6 = Non-Collision: Explosion Or Fire 7 = Non-Collision: Separation of Units 8 = Non-Collision: Cross Median/Centeline			9 = Non-Collision: Equipment Failure 10 = Non-Collision: Other 11 = Non-Collision: Unknown 12 = Collision Involving Pedestrian 13 = Collision Involving Motor Vehicle in Transport 14 = Collision Involving Rigid Motor Vehicle 15 = Collision Involving Train 16 = Collision Involving Pedalcycle			17 = Collision Involving Animal 18 = Collision Involving Fixed Object 19 = Collision With Work Zone Maintenance Equipment 20 = Collision With Other Movable Object 21 = Collision With Unknown Movable Object 98 = Other (Explain in Narrative)		
36. Factors and Conditions								
1 = Arrived on Road - Domestic 2 = Arrived on Road - Wild 3 = Backed without Safety 4 = Changed Lane when Unsafe 14 = Disabled in Traffic Lane 15 = Damaged Stop and Go Signal 16 = Disregard Stop Sign or Light 17 = Disregard Turn Marks at Intersection 18 = Disregard Warning Sign at Construction 19 = Distraction in Vehicle 20 = Driver Impairment 21 = Drive Without Headlights 22 = Failed to Control Speed 23 = Failed to Drive in Single Lane 24 = Failed to Give Half of Roadway 25 = Failed to Heed Warning Sign 26 = Failed to Pass to Left Safely 27 = Failed to Pass to Right Safely 28 = Failed to Signal or Gave Wrong Signal 29 = Failed to Stop at Proper Place 30 = Failed to Stop for School Bus 31 = Failed to Stop for Train 32 = Failed to Yield ROW - Emergency Vehicle			33 = Failed to Yield ROW - Open Intersection 34 = Failed to Yield ROW - Private Drive 35 = Failed to Yield ROW - Stop Sign 36 = Failed to Yield ROW - To Pedestrian 37 = Failed to Yield ROW - Turning Left 38 = Failed to Yield ROW - Turn on Red 39 = Failed to Yield ROW - Yield Sign 40 = Fatigued or Asleep 41 = Faulty Evasive Action 42 = Flew in Vehicle 43 = Fleeting or Evasive Police 44 = Followed Too Closely 45 = Had Been Drinking 46 = Handicapped Driver (Explain in Narrative) 47 = II (Explain in Narrative) 48 = Impaired Visibility (Explain in Narrative) 49 = Improper Start from Forward Position 50 = Load Not Secured 51 = Opened Door into Traffic Lane 52 = Overloaded Vehicle or Load 53 = Overtake and Pass Insufficient Clearance 54 = Period end Failed to Set Brakes 55 = Parked in Traffic Lane			56 = Parked without Lights 57 = Proceed in No Passing Lane 58 = Proceed on Right Shoulder 59 = Pedestrian FTYROW to Vehicle 60 = Unsafe Speed 61 = Speeding - (Over Limit) 62 = Taking Evasion (Explain in Narrative) 63 = Turned Improperly - Cut Corner on Left 64 = Turned Improperly - Wide Right 65 = Turned Improperly - Wrong Lane 66 = Turned when Unsafe 67 = Under Influence - Alcohol 68 = Under Influence - DMB 69 = Wrong Side - Approach or Intersection 70 = Wrong Side - Not Passing 71 = Wrong Way - One Way Road 72 = Cell/Mobile Phone Use 73 = Road Rage 98 = Other (Explain in Narrative)		
FACTORS AND CONDITIONS	37. Vehicle Defects		38. Weather Conditions		39. Light Conditions		40. Entering Route	
	1 = Defective or No Headlamps 2 = Defective or No Stop Lamps 3 = Defective or No Tail Lamps 4 = Defective or No Turn Signal Lamps 5 = Defective or No Trailer Brakes 6 = Defective or No Vehicle Brakes 7 = Defective Steering Mechanism 8 = Defective or Slat Tires 9 = Defective Trailer Hitch 98 = Other (Explain in Narrative)	1 = Clear 2 = Cloudy 3 = Rain 4 = Sleet/Hail 5 = Snow 6 = Fog 7 = Blowing Sand/Snow 8 = Severe Crosswinds 98 = Other (Explain in Narrative) 99 = Unknown	1 = Daylight 2 = Dark, Not Lighted 3 = Dark, Lighted 4 = Dark, Unknown Lighting 5 = Dawn 6 = Dusk 98 = Other (Explain in Narrative) 99 = Unknown	1 = Three Entering Roads - T 2 = Three Entering Roads - Y 3 = Four Entering Roads 4 = Five Entering Roads 5 = Six Entering Roads 6 = Traffic Circle 7 = Cloverleaf 97 = Not Applicable 98 = Other (Explain in Narrative)				
41. Roadway Type		42. Roadway Alignment		43. Surface Condition		44. Traffic Control		
1 = Two-Way, Not Divided 2 = Two-Way, Divided, Unprotected Median 3 = Two-Way, Divided, Protected Median 4 = One-Way 98 = Other (Explain in Narrative)		1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hilly/crest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 98 = Other (Explain in Narrative) 99 = Unknown		1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Slush 6 = Ice 7 = Sand, Mud, Dirt 98 = Other (Explain in Narrative) 99 = Unknown		1 = Inoperative (Explain in Narrative) 2 = Officer 3 = Flagman 4 = Signal Light 5 = Flashing Red Light 6 = Flashing Yellow Light 7 = Stop Sign 8 = Yield Sign 9 = Warning Sign		11 = Center Stripe/Divider 12 = No Passing Zone 13 = RR Gate/Signal 14 = Crosswalk 15 = Blue Lane 16 = Marked Lanes 17 = Signal Light With Red Light Running Camera 98 = None 99 = Other (Explain in Narrative)

Law Enforcement and TxDOT Use Only

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 0,01 Total Num. Items 0,01 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 11/2013) Mail to: Texas Department of Transportation, Crash Records, P.O. Box 140348, Austin, TX 78714 Questions? Call (512)486-5780

Relief to Attached Code Sheet for Numbered Fields These fields are required on all additional sheets submitted for this crash (ex. additional vehicles, occupants, injured, etc.)

IDENTIFY FROM AND LOCATION

* Crash Date (MM/DD/YYYY) [REDACTED] Crash Time (24HRMM) 1,7,3,0 Case ID [REDACTED] Local Use [REDACTED]

* County Name Anderson * City Name [REDACTED] Outside City Limits

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) [REDACTED] Longitude (decimal degrees) [REDACTED]

ROAD ON WHICH CRASH OCCURRED

1st Rdwy. Byn. CR 1st Hwy. [REDACTED] 2nd Rdwy. [REDACTED] 3rd Street [REDACTED] 4th Street [REDACTED]

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 60 Control Zone Yes No Workzone Present Yes No Street Desc. [REDACTED]

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER

At Int. Yes No 1st Rdwy. FM 1st Hwy. [REDACTED] 2nd Rdwy. [REDACTED] 3rd Street [REDACTED] 4th Street [REDACTED]

Distance from Int. or Ref. Marker 1.4 IFT MI 3 Cl. From Int. or Ref. Marker E Reference Marker [REDACTED] Street Desc. [REDACTED] RRX Num. [REDACTED]

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 6 Unit Desc. 9 Parked Vehicle M and Run LP State TX LP Num. [REDACTED] VIN [REDACTED]

Veh. Year 2,0,1,0 8 Veh. Color BLK 9 Veh. Make DODGE 10 Veh. Model RAM 1500 7 Body Style PK Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DLID Type 1 9 DLID State TX 10 DLID Num. 19568200 11 DLID Class C 12 DLID End. 86 13 DLID Rest. 96 14 DLID (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) [REDACTED] PALESTINE, TX [REDACTED]

Person Num.	12 Freq. Type	13 Seat Position	14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Hgt.	19 Wt.	20 Hair	21 Eye	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category
1	1	1	B	[REDACTED]	B	1	1	1	1	1	87	N	86	96	97

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Owner/Lessee Lessee (Name & Address) [REDACTED] PALESTINE, TX [REDACTED]

Proof of Fin. Resp. Yes Expired No Exempt 26 Fin. Resp. Type 2 27 Fin. Resp. Name OLD AMER CO MUTUAL 28 Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. 803-729-2208 27 Vehicle Damage Rating 1 3, R, B, T, 4 27 Vehicle Damage Rating 2 [REDACTED] Vehicle Invented Yes No

Towed by TUCKER FARRIS Towed To 306 PERRY ST PALESTINE, TX 803-723-5285

VEHICLE, DRIVER, & PERSONS

Unit Num. [REDACTED] 5 Unit Desc. [REDACTED] Parked Vehicle M and Run LP State [REDACTED] LP Num. [REDACTED] VIN [REDACTED]

Veh. Year [REDACTED] 8 Veh. Color [REDACTED] 9 Veh. Make [REDACTED] 10 Veh. Model [REDACTED] 7 Body Style [REDACTED] Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DLID Type [REDACTED] 9 DLID State [REDACTED] 10 DLID Num. [REDACTED] 11 DLID Class [REDACTED] 12 DLID End. [REDACTED] 13 DLID Rest. [REDACTED] 14 DLID (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) [REDACTED]

Person Num.	12 Freq. Type	13 Seat Position	14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Hgt.	19 Wt.	20 Hair	21 Eye	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Owner/Lessee Lessee (Name & Address) [REDACTED]

Proof of Fin. Resp. Yes Expired No Exempt 26 Fin. Resp. Type [REDACTED] 27 Fin. Resp. Name [REDACTED] 28 Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 [REDACTED] 27 Vehicle Damage Rating 2 [REDACTED] Vehicle Invented Yes No

Towed by [REDACTED] Towed To [REDACTED]

DISPOSITION OF REMOVED/RECALLED	Unit Num.	Pres. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
		1	1	PALESTINE REG MED CENTER	PRMC AMBULANCE	

CHANGES	Unit Num.	Pres. Num.	Charge	Citation/Reference Num.

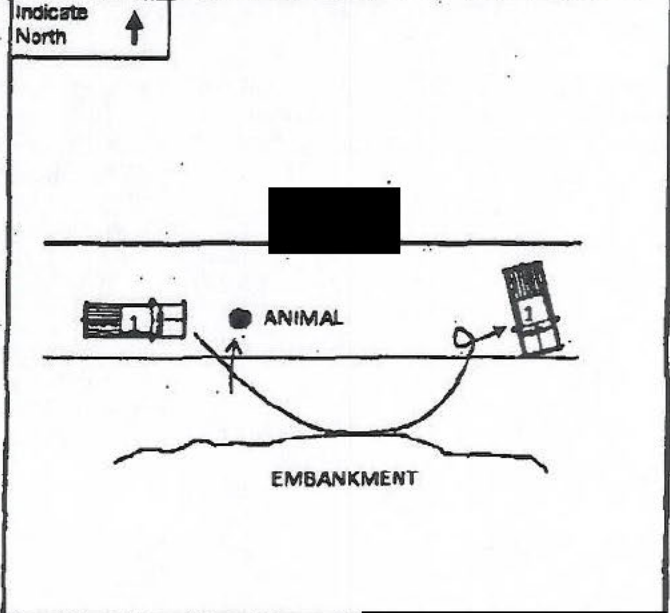
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CIVIL	Unit Num.	10,001+ LBS	TRANSPORTING HAZARDOUS MATERIAL	90 Capacity	26 Veh. Oper.	70 Carrier ID Type	Carrier ID Num.

FACTORS & CONDITIONS	35 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit Num.	Contributing	Contributing	May Have Contrib.	38 Weather cond.	39 Light Cond	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	2			2	1	97	1	2	2	96	

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

UNIT #1 WAS TRAVELING EB ON [REDACTED] A WILD ANIMAL RAN FROM THE SOUTH SIDE OF THE ROAD INTO THE ROADWAY IN FRONT OF UNIT #1. DRIVER TOOK EVASIVE ACTION TO THE RIGHT AND TRAVELED INTO THE DITCH. UNIT #1 STRUCK AN EMBANKMENT ON THE SOUTH SIDE OF [REDACTED] UNIT #1 THEN OVERTURNED R&T, COMING TO REST UPRIGHT FACING SOUTH IN THE ROADWAY.



Time Notified (24HRMM) 1 7 3 1	How Notified ACSO DISPATCH	Time Arrived (24HRMM) 1 7 5 2	Report Date (MM/DD/YYYY)
Invest. [X] Yes	Investigator Name (Printed) CHAD SPARKMAN	ID Num. 9814	
Comp. [] No	Agency T X D P S 5 5 0 0	District Area H P 1 B 1 1	

Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Law Enforcement and TxDOT Use ONLY. Form CR-3CS 1/12/98

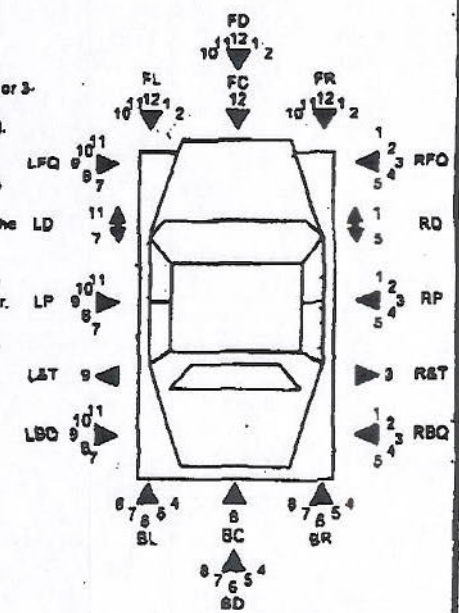
1. Roadway System IH = Interstate US = US Highway SH = State Highway FM = Farm to Market RR = Ranch Road RM = Ranch to Market BI = Business Interstate BU = Business US BS = Business State BF = Business FM SL = State Loop TL = Toll Road	2. Roadway Type AL = Alternate SP = Spur CR = County Road PR = Park Road PV = Private Road RC = Recreational Road LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.)	3. Roadway Mark 1 = Main/Proper Lane 2 = Service/Frontage Road 3 = Entrance/On Ramp 4 = Exit/Off Ramp 5 = Connector/Flyover 99 = Other (Explain in Narrative)	4. Street Prefix Direction from Int. or Ref. Marker N = North NE = Northeast E = East SE = Southeast S = South SW = Southwest W = West NW = Northwest	5. Street Suffix RD = Road ST = Street DR = Drive AVE = Avenue BLVD = Boulevard PKWY = Parkway LN = Lane FWY = Freeway HWY = Highway WAY = Way TRL = Trail LOOP = Loop EKFY = Expressway CT = Court CIR = Circle PL = Place PARK = Park CV = Cove
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6. Unit Description 1 = Motor Vehicle 2 = Train 3 = Pedalcyclist 4 = Pedestrian 5 = Motorized Conveyance 6 = Towed/Trailer 7 = Non-Contact 99 = Other (Explain in Narrative)	6. Vehicle Color BGE = Beige BLK = Black BLU = Blue BRZ = Bronze BRO = Brown CAM = Camouflage CPR = Copper GLD = Gold GRY = Gray GRN = Green MAR = Maroon MUL = Multicolored ORN = Orange PNK = Pink PLE = Purple RED = Red SIL = Silver TAN = Tan TSA = Teal (green) TRQ = Turquoise (blue) WHI = White YEL = Yellow 99 = Other (Explain in Narrative) 99 = Unknown	7. Body Style P2 = Passenger Car, 2-Door P4 = Passenger Car, 4-Door PK = Pickup AMB = Ambulance BU = Bus SB = Yellow School Bus FE = Farm Equipment FT = Fire Truck MC = Motorcycle SV = Special Utility Vehicle PC = Police Car/Truck PM = Police Motorcycle TL = Trailer, Semi-Trailer, or Pole Trailer TR = Truck TT = Truck Tractor VN = Van 99 = Other (Explain in Narrative) 99 = Unknown	8. Driver License/ID Type 1 = Driver License 2 = Commercial Driver Lic. 3 = Occupational 4 = ID Card 5 = Unlicensed 99 = Other 99 = Unknown
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9. Driver License Class A = Class A AM = Class A and M B = Class B BM = Class B and M C = Class C CM = Class C and M M = Class M 5 = Unlicensed 99 = Other/Out of State 99 = Unknown	10. Commercial Driver License Endorsements H = Hazardous Materials N = Tank Vehicles P = Passengers S = School Bus T = Double/Triple Trailer X = Tank Vehicle with HazMat 5 = Unlicensed 99 = None 99 = Other/Out of State 99 = Unknown	11. Driver License Restrictions A = With Corrective Lenses B = LOFS Age 21 or Over C = Daytime Only D = Not to Exceed 45 MPH E = No Expressway Driving F = Must Hold Valid Learner Lic. to MM/DD/YY G = TRC 545.424 Applies until MM/DD/YY H = Vehicle Not to Exceed 26,000 lbs GVWR I = Motorcycle Not to Exceed 280 CC J = Licensed Motorcycle Operator Age 21 or Over in Sight K = Moped L = Vehicle w/o Air Brakes - Applies to Vehicles Requiring CDL M = CDL Interstate Commerce Only N = Ignition Interlock Required O = Occ/Essent. Need DL-No CMV-See Court Order P = Stated on License Q = LOFS 21 or Over Vehicle Above Class B R = LOFS 21 or Over Vehicle Above Class C S = Outside Rear View Mirror or Hearing Aid T = Automatic Transmission U = Applicable Prosthetic Devices V = Applicable Vehicle Devices W = Power Steering X = Vehicle Not to Exceed Class C Y = Valid TX Vision or Limb Waiver Req'd. Z = Valid Fed. Vision or Limb Waiver Req'd. E = Unlicensed 99 = None 99 = Other/Out of State 99 = Unknown
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12. Person Type 1 = Driver 2 = Passenger/Occupant 3 = Pedalcyclist 4 = Pedestrian 5 = Driver of Motorcycle Type Vehicle 6 = Passenger/Occupant on Motorcycle Type Vehicle 99 = Other (Explain in Narrative) 99 = Unknown	13. Seat Position 1 = Front Left 2 = Front Center 3 = Front Right 4 = Second Seat Left 5 = Second Seat Center 6 = Second Seat Right 7 = Third Seat Left 8 = Third Seat Center 9 = Third Seat Right 10 = Cargo Area 11 = Outside Vehicle 13 = Other in Vehicle 14 = Passenger in Bus 16 = Pedestrian, Pedalcyclist, or Motorized Conveyance 99 = Other (Explain in Narrative) 99 = Unknown	14. Injury Severity A = Inoperating Injury B = Non-Inoperating Injury C = Possible Injury K = Killed N = Not Injured 99 = Unknown	15. Ethnicity W = White B = Black H = Hispanic A = Asian I = Amer. Indian/Alaskan Native 99 = Other 99 = Unknown
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18. Restraint Used 1 = Shoulder and Lap Belt 2 = Shoulder Belt Only 3 = Lap Belt Only 4 = Child Seat, Facing Forward 5 = Child Seat, Facing Rear 6 = Child Seat, Unknown 7 = Child Booster Seat 99 = None 97 = Not Applicable 99 = Other (Explain in Narrative) 99 = Unknown	19. Airbag 1 = Not Deployed 2 = Deployed, Front 3 = Deployed, Side 4 = Deployed, Rear 5 = Deployed, Multiple 97 = Not Applicable 99 = Unknown	27. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)
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20. Helmet Use 1 = Not Worn 2 = Worn, Damaged 3 = Worn, Not Damaged 4 = Worn, Unt. Damage 97 = Not Applicable 99 = Unknown if Worn	21. Solicitation Y = Solicit N = No Solicit	22. Alcohol Specimen Type 1 = Breath 2 = Blood 3 = Urine 4 = Refused 99 = None 99 = Other (Explain in Narrative)
23. Drug Specimen Type 2 = Blood 3 = Urine 4 = Refused 99 = None 99 = Other (Explain in Narrative)	24. Brain Test Result 1 = Positive 2 = Negative 97 = Not Applicable 99 = Unknown	25. Drug Category 2 = CNS Depressants 3 = CNS Stimulants 4 = Hallucinogens 6 = Narcotic Anesthetics 7 = Inhalants 8 = Cannabis 10 = Dissociative Anesthetics 11 = Multiple Drugs (Explain in Narrative) 97 = Not Applicable 99 = Other Drugs (Explain in Narrative) 99 = Unknown

26. Financial Responsibility Type 1 = Liability Insurance Policy 2 = Proof of Liability Insurance 3 = Insurance Binder 4 = Surety Bond	5 = Certificate of Deposit with Comptroller 6 = Certificate of Deposit with County Judge 7 = Certificate of Self-insurance
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COMMERCIAL MOTOR VEHICLE	28. Vehicle Operation 1 = Interstate Commerce 2 = Intrastate Commerce 3 = Not in Commerce 4 = Government 5 = Personal	29. Carrier ID Type 1 = US DOT 2 = TxDOT 3 = ICC/MC 98 = None 99 = Other (Explain in Narrative)	30. Roadway Access 1 = Full Access Control 2 = Partial Access Control 3 = No Access Control	31. Vehicle Type 1 = Passenger Car 2 = Light Truck 3 = Bus (9-15) 4 = Bus (>15) 5 = Single Unit Truck 2 Axles 6 Tires 6 = Single Unit Truck 3 or More Axles 7 = Truck Trailer 8 = Truck Tractor (Bobtail) 9 = Tractor/Semi Trailer 10 = Tractor/Double Trailer 11 = Tractor/Triples Trailer 98 = Other (Explain in Narrative) 99 = Unknown Heavy Truck	32. Hazardous Material Class Number 1 = Explosives 2 = Gases 3 = Flammable Liquids 4 = Flammable Solids 5 = Oxidizers and Organic Peroxides 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Materials 9 = Miscellaneous Dangerous Goods
	33. Cargo Body Style 1 = Bus (9-15) 2 = Bus (>15) 3 = Van/Enclosed Box 4 = Cargo Tank 5 = Flatbed 6 = Dump 7 = Concrete Mixer 8 = Auto Transporter 9 = Garbage Refuse 10 = Grain Chute Gravel 11 = Pole 13 = Intermodal 14 = Logging 15 = Vehicle Towing Another Vehicle 97 = Not Applicable 98 = Other (Explain in Narrative)	34. Trailer Type 1 = Full Trailer 2 = Semi-Trailer 3 = Pole Trailer			
FACTORS AND CONDITIONS	35. Sequence of Events 1 = Non-Collision: Ran Off Road 2 = Non-Collision: Jackknife 3 = Non-Collision: Overturn Rollover 4 = Non-Collision: Downhill Runaway 5 = Non-Collision: Cargo Loss Or Shift 6 = Non-Collision: Explosion Or Fire 7 = Non-Collision: Separation of Units 8 = Non-Collision: Cross Median/Centertine 9 = Non-Collision: Equipment Failure 10 = Non-Collision: Other 11 = Non-Collision: Unknown 12 = Collision Involving Pedestrian 13 = Collision Involving Motor Vehicle In Transport 14 = Collision Involving Parked Motor Vehicle 15 = Collision Involving Train 16 = Collision Involving Pedalcycle 17 = Collision Involving Animal 18 = Collision Involving Fixed Object 19 = Collision With Work Zone Maintenance Equipment 20 = Collision With Other Movable Object 21 = Collision With Unknown Movable Object 98 = Other (Explain in Narrative)				
	36. Factors and Conditions 1 = Animal on Road - Domestic 2 = Animal on Road - Wild 3 = Backed without Safety 4 = Changed Lane when Unsafe 14 = Disabled in Traffic Lane 15 = Disregard Stop and Go Signal 16 = Disregard Stop Sign or Light 17 = Disregard Turn Marks at Intersection 18 = Disregard Warning Sign at Construction 19 = Distraction in Vehicle 20 = Driver Inattention 21 = Drove Without Headlights 22 = Failed to Control Speed 23 = Failed to Drive in Single Lane 24 = Failed to Give Half of Roadway 25 = Failed to Heed Warning Sign 26 = Failed to Pass to Left Safely 27 = Failed to Pass to Right Safely 28 = Failed to Signal or Gave Wrong Signal 29 = Failed to Stop at Proper Place 30 = Failed to Stop for School Bus 31 = Failed to Stop for Train 32 = Failed to Yield ROW - Emergency Vehicle 33 = Failed to Yield ROW - Open Intersection 34 = Failed to Yield ROW - Private Drive 35 = Failed to Yield ROW - Stop Sign 36 = Failed to Yield ROW - To Pedestrian 37 = Failed to Yield ROW - Turning Left 38 = Failed to Yield ROW - Turn on Red 39 = Failed to Yield ROW - Yield Sign 40 = Fatigued or Asleep 41 = Faulty Evasive Action 42 = Flea in Vehicle 43 = Fleeing or Evading Police 44 = Followed Too Closely 45 = Had Been Drinking 46 = Handicapped Driver (Explain in Narrative) 47 = Ill (Explain in Narrative) 48 = Impaired Visibility (Explain in Narrative) 49 = Improper Start from Parked Position 50 = Load Not Secured 51 = Opened Door into Traffic Lane 52 = Overlaid Vehicle or Load 53 = Overtake and Pass Insufficient Clearance 54 = Parked and Failed to Set Brakes 55 = Parked in Traffic Lane 56 = Parked without Lights 57 = Passed in No Passing Lane 58 = Passed on Right Shoulder 59 = Pedestrian FTYROW to Vehicle 60 = Unsafe Speed 61 = Speeding - (Over Limit) 62 = Taking Medication (Explain in Narrative) 63 = Turned Improperly - Cut Corner on Left 64 = Turned Improperly - Wide Right 65 = Turned Improperly - Wrong Lane 66 = Turned when Unsafe 67 = Under Influence - Alcohol 68 = Under Influence - Drug 69 = Wrong Side - Approach or Intersection 70 = Wrong Side - Not Passing 71 = Wrong Way - One Way Road 72 = Cell/Mobile Phone Use 73 = Road Rage 98 = Other (Explain in Narrative)				
FACTORS AND CONDITIONS	37. Vehicle Defects 5 = Defective or No Headlamps 6 = Defective or No Stop Lamps 7 = Defective or No Tail Lamps 8 = Defective or No Turn Signal Lamps 9 = Defective or No Trailer Brakes 10 = Defective or No Vehicle Brakes 11 = Defective Steering Mechanism 12 = Defective or Slick Tires 13 = Defective Trailer Hitch 98 = Other (Explain in Narrative)	38. Weather Condition 1 = Clear 2 = Cloudy 3 = Rain 4 = Sleet/Hail 5 = Snow 6 = Fog 7 = Blowing Sand/Snow 8 = Severe Crosswinds 98 = Other (Explain in Narrative) 99 = Unknown	39. Light Condition 1 = Daylight 2 = Dark, Not Lighted 3 = Dark, Lighted 4 = Dark, Unknown Lighting 5 = Dawn 6 = Dusk 98 = Other (Explain in Narrative) 99 = Unknown	40. Entering Roads 2 = Three Entering Roads - T 3 = Three Entering Roads - Y 4 = Four Entering Roads 5 = Five Entering Roads 6 = Six Entering Roads 7 = Traffic Circle 8 = Cloverleaf 97 = Not Applicable 98 = Other (Explain in Narrative)	
	41. Roadway Type 1 = Two-Way, Not Divided 2 = Two-Way, Divided, Unprotected Median 3 = Two-Way, Divided, Protected Median 4 = One-Way 98 = Other (Explain in Narrative)	42. Roadway Alignment 1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 98 = Other (Explain in Narrative) 99 = Unknown	43. Surface Condition 1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Slush 6 = Ice 7 = Sand, Mud, Dirt 98 = Other (Explain in Narrative) 99 = Unknown	44. Traffic Control 2 = Inoperative (Explain in Narrative) 3 = Officer 4 = Flagman 5 = Signal Light 6 = Flashing Red Light 7 = Flashing Yellow Light 8 = Stop Sign 9 = Yield Sign 10 = Warning Sign 11 = Center Stripe/Divider 12 = No Passing Zone 13 = RR Gate/Signal 14 = Flagman 15 = Crosswalk 16 = Bike Lane 17 = Marked Lane 18 = Signal Light With Red Light Running Camera 96 = None 98 = Other (Explain in Narrative)	

EA19-001

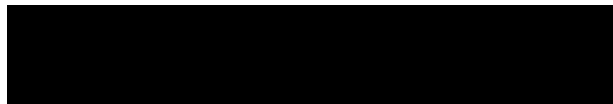
FCA

9/12/2019

ENCLOSURE 4

OTHER NO INSPECTION INJURY
FATALITY

Legal Backup



CASE NUMBER:

STATE OF NEW HAMPSHIRE



Page 1 of 4

RPT DATE: 11/08/2017

UNIFORM POLICE

REPORTABLE: Y

AMENDMENT:

HIT AND RUN: N

TRAFFIC CRASH REPORT

SCHOOL BUS RELATED: N

DSMV 159 (Rev. 09/2014)

FATALITY: N

C.A.R. REPORT: N

INJURED: 2 UNITS: 2

CRASH DATE: THU [REDACTED] 4:39	TOWN: SHELBURNE	COUNTY: COOS	RESPONDER NAME: TR. K. BARONE	DEPT: NHSP-F
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POLICE NOTIFIED/ARRIVED: [REDACTED] 14:49 [REDACTED] 15:20	EMS ARRIVED:	REPORTING AGENCY NAME: STATE POLICE TROOP F TWIN MT	APPROVED BY: SGT. D. WADE	APPR DT:
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COLLISION OCCURRED: [REDACTED]

LOCATION: [REDACTED]

PHOTOGRAPHS TAKEN: Y PHOTOGRAPHER NAME: TR. G. RELLA

CRASH CONDITIONS:

LAND OWNERSHIP: P RELATIVE TO TRAFFICWAY: Trafficway, On Road
 FIRST HARMFUL EVENT: Motor Vehicle in Transport (Other MV) LOC 1ST HARMFUL EVENT: On Roadway
 MANNER OF IMPACT: Angle/Front to Side WEATHER CONDITION: Clear
 LIGHT CONDITION: Daylight ROAD SURFACE CONDITION: Dry
 CONTRIBUTING CIRCUMSTANCES ENVIRONMENT: Glare
 CONTRIBUTING CIRCUMSTANCES ROAD RELATED: None

CRASH RELATED TO A JUNCTION OR WITHIN AN INTERCHANGE AREA: N (Y / N / UNKNOWN)
 CRASH IN OR NEAR A CONSTRUCTION, MAINTENANCE OR UTILITY WORK ZONE: N (Y / N)

UNIT #1

UNIT TYPE: Passenger Car

Driver:

[REDACTED] SHELBURNE NH [REDACTED] DOB: [REDACTED] PHONE: [REDACTED]

SEATING ROW: Front POSITION: Left OTHER POSITION:
 HIT AND RUN: NO, DID NOT LEAVE SCENE

RESTRAINT SYSTEM: Shoulder and Lap Belt Used
 AIR BAG DEPLOYED: Deployed - Combination EJECTED: Not Ejected
 INJURY STATUS: No Apparent Injury INJURY AREA: TRANSPORT: Not Transported
 EMS: MEDICAL FACILITY:

DRIVER LICENSE PRESENTED: Y

SEX: M

M.V.R. RECOMMENDED: ARRESTED: # WARNING OR SUMMONS: N

RSA: OFFENSE:

CONDITION AT TIME OF CRASH: Apparently Normal

LICENSE RESTRICTIONS COMPLIED WITH: Y

LICENSE ENDORSEMENTS COMPLIED WITH: Y

SPEEDING RELATED: No

DRIVER DISTRACTED: Outside the Vehicle (Includes Unspecified External Distractions)

DRIVER ACTIONS AT TIME OF CRASH: 1ST: Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner 2ND: Improper Turn

CASE NUMBER:

STATE OF NEW HAMPSHIRE



Page 2 of 4

AMENDMENT:

UNIFORM POLICE

TRAFFIC CRASH REPORT

DSMV 159 (Rev. 09/2014)

RPT DATE:

REPORTABLE: Y

HIT AND RUN: N

SCHOOL BUS RELATED: N

FATALITY: N

INJURED: 2 UNITS: 2

C.A.R. REPORT: N

VEHICLE:

OWNER: SHELBURNE NH

MOTOR VEHICLE UNIT TYPE: Motor Vehicle in Transport

REGISTRATION PRESENTED: Y

PLATE NBR: PLATE TYPE: CPASS STATE: NH COLOR: TAN

YR: 2006 MAKE: HOND MODEL: ODYSSEY VIN #:

INSURANCE: Y DSMV 385 ISSUED: N

INSURANCE COMPANY: MMG POLICY NBR: AUTO586002

VEHICLE ACTION PRIOR TO CRASH: Turning Left

SPECIAL FUNCTION VEHICLE: No Special Function

GOVERNMENT DRIVER IS EXEMPT FROM REPORTING PUSUANT TO RSA 264:33: N (Y/N)

EMERGENCY MOTOR VEHICLE USE: Not applicable

POSTED /STATUATORY SPEED LIMIT: 50 VEHICLE TRAVEL DIRECTION: Westbound

TRAFFICWAY DESCRIPTION: Two-Way, Not Divided TOTAL LANES IN ROADWAY: 2

ROAD ALIGNMENT: Straight ROAD GRADE: Level

TRAFFIC CONTROL DEVICE: Other (Lane Control, Road Markings, No Passing, etc.) WORKING PROPERLY: Y

WHAT WAS NOT WORKING:

COMMERCIAL OR TRUCK OR BUS OR HAZMAT OR 9+ PASSENGER VEHICLE: N

MOST HARMFUL EVENT: Motor Vehicle In Transport (Other MV)

CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE: None

SEQUENCE OF EVENTS: 1ST: Cross Centerline 2ND: Motor Vehicle In Transport (Other MV)

INITIAL IMPACT AREA: Right EXTENT OF DAMAGE: Disabling Damage

DAMAGED AREAS: 1ST: Front Right 2ND: Right 3RD: Rear Right

VEHICLE REMOVAL: Towed Due to Disabling Damage TOWING COMPANY: BYRNES AUTO

TOWED TO: GORHAM

UNIT #:2 UNIT TYPE: Passenger Car

Driver: HERMON ME DOB:

SEATING ROW: Front POSITION: Left OTHER POSITION:

HIT AND RUN: NO, DID NOT LEAVE SCENE

RESTRAINT SYSTEM: Shoulder and Lap Belt Used

AIR BAG DEPLOYED: Not Applicable EJECTED: Not Ejected

INJURY STATUS: Suspected Minor Injury INJURY AREA: Head TRANSPORT: Not Transported

EMS: MEDICAL FACILITY:

DRIVER LICENSE PRESENTED: Y

SEX: F

M.V.R. RECOMMENDED: ARRESTED: #: WARNING OR SUMMONS: N

RSA: OFFENSE:

CONDITION AT TIME OF CRASH: Apparently Normal

LICENSE RESTRICTIONS COMPLIED WITH: Y

LICENSE ENDORSEMENTS COMPLIED WITH: Y

SPEEDING RELATED: No

DRIVER DISTRACTED: Not Distracted

DRIVER ACTIONS AT TIME OF CRASH: No Contributing Action

CASE NUMBER:

STATE OF NEW HAMPSHIRE



Page 3 of 4

RPT DATE:

AMENDMENT:

UNIFORM POLICE

TRAFFIC CRASH REPORT

DSMV 159 (Rev. 09/2014)

REPORTABLE: Y

HIT AND RUN: N

SCHOOL BUS RELATED: N

FATALITY: N

INJURED: 2 UNITS: 2

C.A.R. REPORT: N

VEHICLE:

OWNER: SAME AS DRIVER

MOTOR VEHICLE UNIT TYPE: Motor Vehicle in Transport

REGISTRATION PRESENTED: Y

PLATE NBR: [REDACTED] PLATE TYPE: PASS STATE: NH

COLOR: RED

YR: 2017 MAKE: JEEP MODEL: WRANGLER

VIN #: [REDACTED]

INSURANCE: Y DSMV 385 ISSUED: N

INSURANCE COMPANY: NATIONAL GENERAL INS

POLICY NBR: [REDACTED]

VEHICLE ACTION PRIOR TO CRASH: Movements Essentially Straight Ahead

SPECIAL FUNCTION VEHICLE: No Special Function

GOVERNMENT DRIVER IS EXEMPT FROM REPORTING PUSUANT TO RSA 264:33: N (Y/N)

EMERGENCY MOTOR VEHICLE USE: Not applicable

POSTED /STATUATORY SPEED LIMIT: 50

VEHICLE TRAVEL DIRECTION: Westbound

TRAFFICWAY DESCRIPTION: Two-Way, Not Divided

TOTAL LANES IN ROADWAY: 2

ROAD ALIGNMENT: Straight

ROAD GRADE: Level

TRAFFIC CONTROL DEVICE: Other (Lane Control, Road Markings, No Passing, etc.)

WORKING PROPERLY: Y

WHAT WAS NOT WORKING:

COMMERCIAL OR TRUCK OR BUS OR HAZMAT OR 9+ PASSENGER VEHICLE: N

MOST HARMFUL EVENT: Motor Vehicle In Transport (Other MV)

CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE: None

SEQUENCE OF EVENTS: Motor Vehicle In Transport (Other MV)

INITIAL IMPACT AREA: Front End

EXTENT OF DAMAGE: Functional Damage (Moderate)

DAMAGED AREAS: Front End

VEHICLE REMOVAL: Not Towed or Pull Out Only

TOWING COMPANY:

TOWED TO:

Passenger:

HERMON ME [REDACTED]

DOB: [REDACTED]

PHONE: [REDACTED]

SEAT ROW: Front

POSITION: Right

OTHER POSITION:

RESTRAINT SYSTEM: Shoulder and Lap Belt Used

AIR BAG DEPLOYED: Not Deployed

EJECTED: Not Ejected

INJURY STATUS: No Apparent Injury

INJURY AREA:

TRANSPORT: Not Transported

EMS:

MEDICAL FACILITY:

SEX M

Passenger:

HERMON ME [REDACTED]

DOB: [REDACTED]

PHONE: [REDACTED]

SEAT ROW: Second

POSITION: Right

OTHER POSITION:

RESTRAINT SYSTEM: Shoulder and Lap Belt Used

AIR BAG DEPLOYED: Not Deployed

EJECTED: Not Ejected

INJURY STATUS: Suspected Minor Injury

INJURY AREA: Face

TRANSPORT: Not Transported

EMS:

MEDICAL FACILITY:

SEX F

CASE NUMBER:

STATE OF NEW HAMPSHIRE



Page 4 of 4

AMENDMENT:

UNIFORM POLICE
TRAFFIC CRASH REPORT

RPT DATE:

REPORTABLE: Y

HIT AND RUN: N

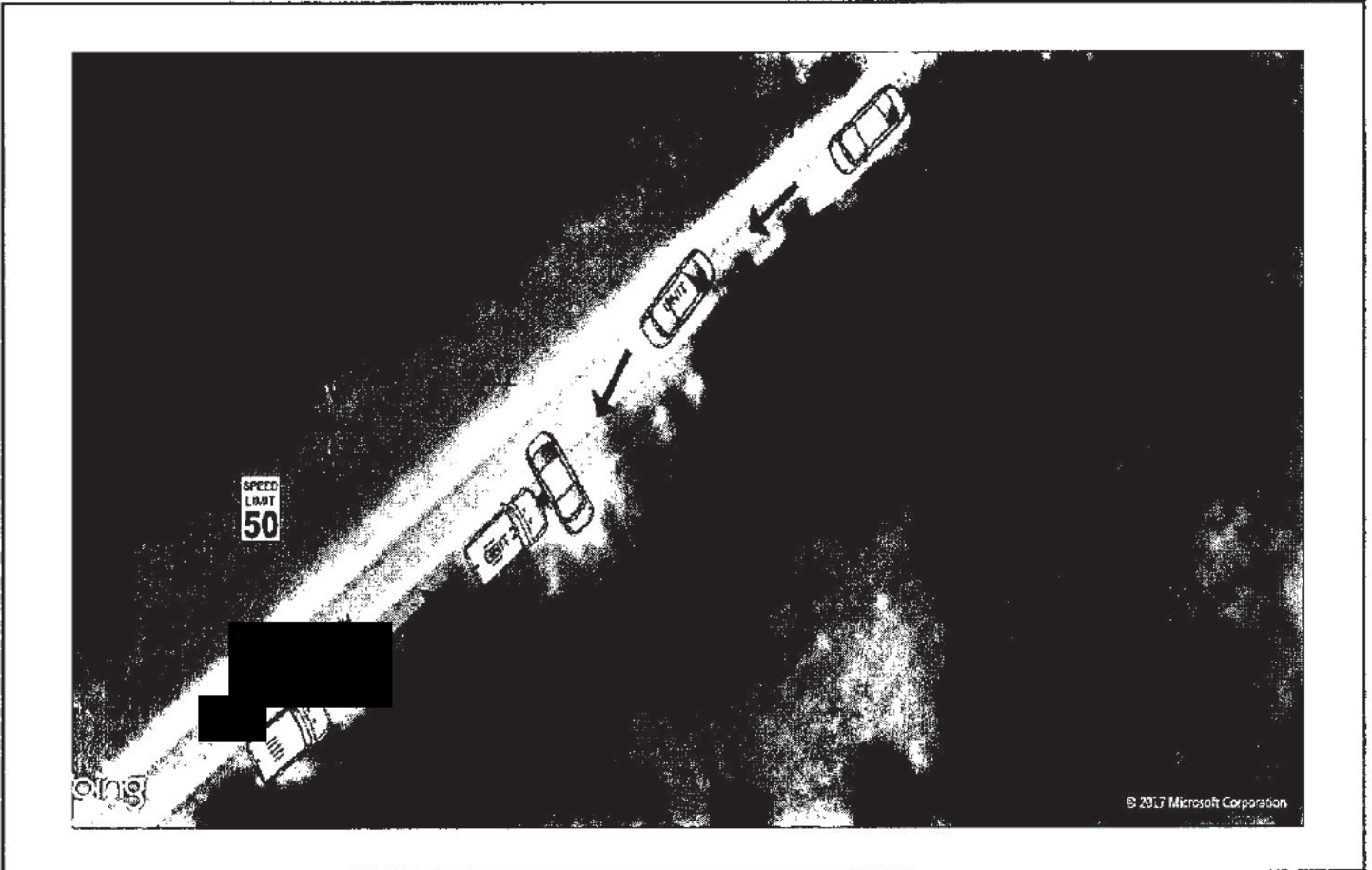
SCHOOL BUS RELATED: N

FATALITY: N

INJURED: 2 UNITS: 2

C.A.R. REPORT: N

DSMV 159 (Rev. 09/2014)



GIST:

UNIT 1 TRAVELING WEST [REDACTED] UNIT 2 TRAVELING EAST [REDACTED] UNIT 1 CROSSED CENTER LINE ATTEMPTING TO DRIVE INTO THE PULL OFF TO USE HIS CELL PHONE. OPERATOR OF UNIT 1 COULD NOT SEE UNIT 2 COMING DUE TO GLARE OF THE SUN. UNIT 2 SUBSEQUENTLY STRUCK UNIT 1 ON THE PASSENGER SIDE. NO SUSPECTED INJURIES, ALL PARTIES REFUSED MEDICAL TRANSPORT, UNIT 1 TOWED UNIT 2 DRIVEN FROM THE SCENE.