DPS2-017:NET-12jad
Supplement
February 26, 1993

Robert H. Munson
Executive Director
Automotive Safety and Engineering Standards Office
Environmental and Safety
Engineering Staff

Ford Motor Company
330 Town Center Drive
Dearborn, Michigan 48126

February 26, 1993

445759

RECEIVED
93 MAR -5 AM 8:25
OFFICE
DEFECTS INVESTIGATION

Mr. Charles L. Gauthier, Director
Office of Defects Investigations, Enforcement
National Highway Traffic Safety Administration
400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Mr. Gauthier:

Subject: DP92-017:NEF-12jad

This supplements our letter dated October 30 regarding alleged seat belt buckle unlatching and contains copies of reports or complaints associated with the 56 incidents summarized in Attachments II-A and II-B of that letter. During compilation and review of these materials, it was found that revisions should be made to several of the descriptions provided in those attachments. Pages incorporating those revisions also are enclosed. This completes our response to your requests for information related to this matter.

Very truly yours,

R. H. Munson

DP\92017ZZ.wp
Attachments
Enclosure

ACCIDENTS/CLAIMS/LAWSUITS

ALLEGED SEAT BELT BUCKLE RELEASE

VIN	Model Yr/Model	Claimant	Incident Date	Alleged Injuries	Accident Description	Analysis
1FTBR10C8GU[redacted]	1986 Ranger	[redacted]	12/10/90	[redacted] alleged that the right-side passenger seat belt holding her daughter's car seat disconnected during the accident, allowing her daughter to be thrown into the dash. A medical report describes the child's injuries as difficulty in turning head and point tenderness at thoracolumbar spine.	[redacted] ost control of her vehicle and struck a bridge.	A Ford representative reports that the right-front seat belt was removed from the vehicle and evaluated/ tested by Ford and the belt manufacturer. It was concluded that the seat belt was of good manufacture and that the buckle engaged and released properly.
1FABP1347EW[redacted]	1984 Escort	[redacted]	05/24/91	[redacted] alleged that at the time of the impact, her seat belt came undone, allowing her to hit the steering wheel and dash. She claims injuries to her neck, shoulder, back, and lower extremities.	As [redacted] slowed approaching a stop light, a second vehicle hit the rear of her vehicle and pushed her forward into a third vehicle.	A Ford representative reports that both front seat belts were removed from the vehicle and evaluated/ tested by Ford and the belt manufacturer. It was concluded that the seat belts were of good manufacture and that the buckles engaged and released properly.
9X92T[redacted]	1979 Fairmont	[redacted]	11/19/87	[redacted] alleges that as her vehicle spun left, her seat belt unlatched, allowing her to slide toward the passenger door. Alleged injuries include fracture of her skull, back, breast bone, and arm.	[redacted] alleges that the right front of her vehicle struck the left rear of a second vehicle that had cut in front of her. [redacted] vehicle then spun to the left and hit a concrete divider adjacent to the freeway. The police report does not mention the second vehicle.	A Ford representative reports that the driver's seat belt was examined in the vehicle, removed and inspected/tested by Ford and the seat belt supplier. The assembly latched/unlatched normally and was found to be of good manufacture.

ACCIDENTS/CLAIMS/LAWSUITS

ALLEGED SEAT BELT BUCKLE RELEASE

VIN	Model Yr/Model	Claimant	Incident Date	Alleged Injuries	Accident Description	Analysis
1FAPP23J5JW[redacted]	1988 Escort	[redacted]	07/10/88	[redacted] alleges that [redacted] seat belt disengaged and allowed her to be ejected from the vehicle. Coroner's report states: "Multiple blunt-force injuries."	[redacted] alleges that [redacted] driving alone, fell asleep and that her vehicle drifted off the road. She over-corrected and crossed to the other side of the road. The vehicle rolled several times.	The seat belt was inspected by the insurance company and was found to be fully operational. A witness reported that [redacted] was wearing the shoulder harness, but not the lap belt.
1FABP46FOEH[redacted]	1984 Thunder-bird	[redacted]	09/05/87	[redacted] alleges that the seat belt unbuckled and that he was ejected from the vehicle, was struck by an oncoming vehicle, and was thrown onto the road. He alleges the loss of the use of his right arm.	Police report states that [redacted] was seated in the right-front passenger seat of a 1984 Thunderbird. The driver, [redacted] slammed on the brakes to avoid striking a vehicle which allegedly had stopped suddenly directly in front of them. [redacted] then skidded to the left and collided with an oncoming vehicle.	The seat belt was inspected by a Ford representative and was found to have no physical evidence that [redacted] was wearing the seat belt at the time of the accident.

ACCIDENTS/CLAIMS/LAWSUITS

ALLEGED SEAT BELT BUCKLE RELEASE

VIN	Model Yr/Model	Claimant	Incident Date	Alleged Injuries	Accident Description	Analysis
1FTBR10T8HU[redacted]	1987 Ranger	[redacted]	08/31/87	[redacted] allege that [redacted] seat belt buckle unlatched during the accident, allowing her to be ejected from the vehicle. Reported injuries included permanent brain damage.	[redacted] was the front right passenger in a vehicle driven by her husband when they were hit broadside by a second vehicle that had stopped, but then entered an intersection failing to yield the right-of-way. After impact, the Lytle vehicle rolled over several times.	A Ford representative reported that physical evidence indicated that [redacted] was not wearing her seat belt at the time of the accident.
1FMCV14T5JU[redacted]	1988 Bronco II	[redacted]	06/15/89	[redacted] alleges that upon impact, the seat belt came unlatched, resulting in injuries to right shoulder, right-upper body, right knee, and lower back.	[redacted] vehicle impacted a second vehicle which had come through a stop sign.	In an affidavit and his deposition, [redacted] stated that the seat belt did not delatch during the accident. The amended complaint alleges that the seat belt released upon impact. The driver of the other vehicle alleges that the plaintiff was speeding, talking on a cellular phone, and could have avoided the accident by changing lanes. There was no Ford investigation material found in Ford files.
1FABP52U6JA[redacted]	1988 Taurus	[redacted]	09/14/92	[redacted] alleges the right-front passenger seat belt disengaged, allowing [redacted] to be thrown into the windshield. No injuries are specified.	[redacted] vehicle was involved in a head-on accident.	No record of a seat belt inspection or analysis was found in Ford files.

ACCIDENTS/CLAIMS/LAWSUITS
ALLEGED SEAT BELT BUCKLE RELEASE

VIN	Model Yr/Model	Claimant	Incident Date	Alleged Injuries	Accident Description	Analysis
1FTCR10A8LP[redacted]	1990 Ranger	[redacted]	01/25/92	[redacted] alleges that her seat belt unlatched and she hit the steering wheel with enough force to bend it. She alleges she suffered no injuries except a numb arm.	[redacted] alleges that a second vehicle hit the driver's side of her truck.	A Ford representative inspected the vehicle and concluded that the seat belt could not be latched. There appeared to be something stuck inside the buckle.
1MEBP632BCW[redacted]	1982 Lynx	[redacted]	07/14/88	[redacted] alleges that her seat belt unbuckled and she was ejected from the passenger side of her vehicle, resulting in quad-riplegia.	The police report states that an on-coming car attempted a left turn in front of [redacted] striking her vehicle in the left quarter panel. [redacted] swerved left across the center line and hit another vehicle.	Ford had no opportunity to examine the subject restraint system. The seat belt and vehicle were destroyed before the suit was filed.
1FMC414T5HU[redacted]	1987 Bronco II	[redacted]	01/14/89	[redacted] alleges during the rollover, two rear occupants' seat belts unbuckled and they were ejected out of the right side-cargo area, along with a third, who was unbelted, occupant. [redacted] alleges that her two children experienced the following injuries because of the accident: 1) [redacted] left ear amputated, blood clot on brain, and a broken back; 2) [redacted] head injury, bowel injury, broken collar bone, bladder and kidney injuries, broken pelvis, abrasions to face, hip, arm, stomach, and speech difficulties.	[redacted] alleges that Milton Young lost control of their Bronco II due to ice, slid off a highway bridge, and rolled in the roadway two or three times. The vehicle was occupied by [redacted] and three rear-seat occupants. The two rear restraints were reportedly worn by [redacted] children.	No record of a seat belt inspection or analysis was found in Ford files.

ACCIDENTS/CLAIMS/LAWSUITS

ALLEGED SEAT BELT BUCKLE RELEASE

VIN	Model Yr/Model	Claimant	Incident Date	Alleged Injuries	Accident Description	Analysis
1FABP2833CG[redacted]	1982 Granada	[redacted]	09/30/92	It is alleged both the driver's and right-front passenger's seat belts became "unclipped", causing both passengers to be ejected. [redacted] further alleges his wife and daughter sustained concussions and facial injuries.	The [redacted] vehicle was hit on the driver's side quarter panel by a second vehicle. The vehicle was occupied by Ms. [redacted] and her six-year-old daughter.	No record of a seat belt analysis or inspection was found in Ford files.
Unknown	1986 Ranger	[redacted]	10/20/87	[redacted] alleges that his seat belt unbuckled and he was thrown against the side of his vehicle. He alleges to have reoccurring blindness and a closed head injury because of the accident.	[redacted] alleges that when driving westbound, a second vehicle collided with his.	The vehicle was sold before an investigation of the seat belts could be performed. The case was dismissed because of lack of evidence.
1FTEX15N6LK[redacted]	1990 F-150	[redacted]	01/10/91	[redacted] alleges that Mr. [redacted] seat belt unbuckled, that [redacted] was ejected through the passenger door, and that his head was crushed as the vehicle rolled. [redacted] died from severe head injuries.	[redacted] alleges that her husband, [redacted], in attempting to stop for an oncoming train at a railroad crossing, skidded on a patch of ice, and was hit on the front passenger's side by the train. His vehicle was dragged a short distance and rolled down an embankment.	A Ford representative inspected the seat belt and concluded that the seat belt was not being worn at the time of the accident.

ACCIDENTS/CLAIMS/LAWSUITS

ALLEGED SEAT BELT BUCKLE RELEASE

VIN	Model Yr/Model	Claimant	Incident Date	Alleged Injuries	Accident Description	Analysis
1FABP28M7GF[redacted]	1986 Mustang	[redacted]	03/24/88	[redacted] and [redacted] allege that their seat belts unlatched at the time of impact. There was no record of specific injuries in Ford files.	[redacted] alleges that when she was cut off by another vehicle, she lost control and hit the center median.	No record of a seat belt analysis or inspection was found in Ford files. The case was dismissed for lack of evidence.
1MEBM2195HW[redacted]	1987 Lynx	[redacted]	02/19/89	[redacted] alleges that the seat belt buckle inadvertently unlatched and that he was ejected. He alleges severe and permanent injuries including quadriplegia.	[redacted] alleges that he lost control of his vehicle, ran off the road, and rolled over.	[redacted] told the police officer at the accident scene that he was not wearing his seat belt. Mr. [redacted] blood alcohol level was .09%. [redacted] stated in his deposition that he did not know if he had been wearing his seat belt at the time of the accident. No record of a seat belt analysis or inspection was found in Ford files.

US KEN

EA86-010

Form Approved. O.M.B. No. 2127 0008

US Department of Transportation
National Highway Traffic Safety Administration

AUTO SAFETY HOTLINE

VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 366-0123

FOR AGENCY USE ONLY

REFERENCE NO.	DATE RECEIVED
VK 87-1843	

OWNER INFORMATION (TYPE OR PRINT)

LAST NAME	FIRST NAME & MIDDLE INITIAL	TELEPHONE NO. (Area Code)	
[redacted]	[redacted]	Work / Home [redacted]	
STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	WOODBRIDGE	VA	[redacted]
SIGNATURE OF OWNER	[redacted]	DATE	9-11-87

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.*	VEHICLE MAKE & MODEL	MODEL YEAR
1FABP3194FW[redacted]	FORD ESCORT L	85 1/2

* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY, & STATE	ENGINE SIZE (CID/CC/L)	NO. CYLINDERS
027756	5-85 ☑ NEW ☐ USED	KOONS FORD FALLS CHURCH, VA	UNSURE/.5 ? ~~2.9~~ 4 5 SPEED	☐ TURBO ☐ DIESEL ☑ GAS ☐ FUEL INJECTED

TRANSMISSION TYPE	CRUISE CONTROL	POWER STEERING	POWER BRAKES	AIR CONDITIONED	BODY STYLE
☐ MANUAL ☐ AUTOMATIC ☐ 3 ☐ 4 ☑ 5 (Speed)	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	STAWAG ___ 4 DR ___ 2 DR ☑ HATCH BK ☑ VAN ___ PK UP TRK ___ OTHER ___

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT/PART NAME(S)	LOCATION	FAILED PART(S)
SEATBELT, DRIVER'S SEAT BACK	☑ Left ☐ Right ☑ Front ☐ Rear	☑ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES	DATE(S) OF FAILURE(S) / MILEAGE(S) AT FAILURE(S) / VEHICLE SPEED AT FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
~~2~~ 1	10-14-85 / 4400 / 1-2 MPH	☑ YES ☐ NO	☐ YES ☑ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE (Est.)	POLICE REPORT FILED
☑ YES ☐ NO	☐ YES ☑ NO	1	0	$ 2,164	☑ YES ☐ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

I WAS ATTEMPTING TO MAKE A LEFT HAND TURN FROM AN ALMOST DEAD STOP WHEN ANOTHER VEHICLE ATTEMPTED TO PASS ME ON LEFT SIDE. VEHICLE WAS GOING APPROX 35 MPH AND HIT ME SQUARE ON LEFT REAR CORNER, AND BOUNCED OFF TOWARDS RIGHT FORCING ME SLIGHTLY TO RIGHT AND FORWARD. MY SEATBELT WAS FIRMLY LOCKED PRIOR TO ACCIDENT AND STRAP WAS CLOSE TO MY BODY WITHOUT SLACK, MY SEATBACK WAS BACK ABOUT THREE NOTCHES OR MORE. UPON IMPACT MY SEATBACK BOLTED COMPLETELY UPRIGHT INTO THE FIRSTMOST NOTCH AND MY SEATBELT CAME OPEN AT THE BUCKLE.

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

HS-Form 350 (Rev. 11-86)

DMV COPY

POLICE ACCIDENT REPORT

10-4-85 Wed 3:30 Fairfax County

N/A

2

Lawyers Ln (Rt 673)

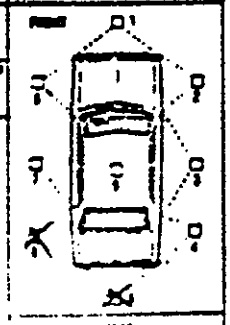
200 FEET W

Bellpaug Way Rd

VEHICLE NO. 1	VEHICLE NO. 2
[redacted]	[redacted]
OCCUPATION: unk	OCCUPATION: unk
[redacted]	YEARS OF DRIVING EXPERIENCE: 7
YEARS OF DRIVING EXPERIENCE: 20	
CITY: Reston	CITY: Fairfax
STATE: VA	STATE: VA
ZIP CODE: [redacted]	ZIP CODE: [redacted]
[redacted]	[redacted]
SEX: M	SEX: F
[redacted]	[redacted]
STATE: VA	STATE: VA
VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE): Same as Above	VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE): Same as Above
ADDRESS (STREET & NO.)	ADDRESS (STREET & NO.)
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.): Volvo 4 dr Sedan	MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.): Ford 2 dr Sedan
YEAR: 77	YEAR: 85
REPAIR COST: $10.00	REPAIR COST: $500.00
LICENSE PLATE NUMBER: [redacted]	LICENSE PLATE NUMBER: [redacted]
STATE: VA	STATE: VA
NAME OF INSURANCE CO. (NOT AGENT): State Farm	NAME OF INSURANCE CO. (NOT AGENT): Unavailable

DAMAGE TO PROPERTY OTHER THAN VEHICLES: N/A — OBJECT STRUCK (TREE, FENCE, ETC.): N/A — OWNER'S NAME (LAST, FIRST, MIDDLE): N/A — ADDRESS: — REPAIR COST: —

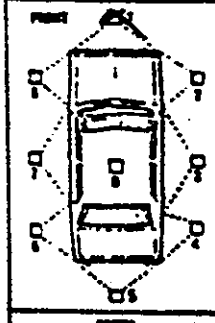
VEHICLE NO. 1 DAMAGE — CHECK POINTS OF IMPACT



ACCIDENT DIAGRAM

Scene Not Observed

VEHICLE NO. 2 DAMAGE — CHECK POINTS OF IMPACT



INDICATE NORTH BY ARROW

SPEED: 35 — LIMIT: 35

VEHICLE NO. 1 DAMAGES: OVERTURNED / UNDERCARRIAGE / BY FIRE / MOTOR / TOTALED / OTHER / UNKNOWN / NO DAMAGE

VEHICLE NO. 2 DAMAGES: OVERTURNED / UNDERCARRIAGE / BY FIRE / MOTOR / TOTALED / OTHER / UNKNOWN / NO DAMAGE

DESCRIPTION OF ACCIDENT: Vehicle #1 was traveling west on Lawyers Ln. It stopped to make a left-hand turn into the driveway of 10209 Lawyers Ln. Vehicle #2 was behind #1 at this time. It was struck in the rear by vehicle #2 while in the same direction. It was noted upon by witnesses that Vehicle #2 was traveling at an excessive rate of speed for the conditions.

WITNESSES: Vehicle #2 Driver

NAMES OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH

Officer	1544	Fairfax Co. Police Dept		10 14 85

Patrol 561 Grid 011 01 Case # 3287192946

VEHICLE NO. 1 DAMAGE
CHECK POINTS OF IMPACT

VEHICLE NO. 2 DAMAGE
CHECK POINTS OF IMPACT

FRONT

FRONT

Scene
Not
Cleared

INDICATE NORTH BY ARROW

0 25 50

2

OGC

Legal
P-1 to Clint
cc Esio
Hartford
Robert Bonini

Aug 28, 1989
VH
SB01

Ford Motor Corp.

To whom it may concern:

I have a 1987 Ford tempo which I bought new.

Aside from many problems with engines skipping, cutting out, low gas mileage, I was fairly satisfied with it.

On Aug 20 I was rear ended while I was stopped. Much to my suprised + pain. My seat belt unhooked. I always used it thinking I would be secure with it.

I dont know if it was a freak thing or not.

I have worn a neck support since the accident.

I have not driven the car since it has over $2600.00 worth of damage.

I hope this was a freak thing but wanted you to know

9/19

[redacted]

[redacted]

Swanton, Vt. [redacted]

[redacted]

3

Dept.

Lynch 6-5886

TO OGC

N

'90 OCT 17 P3:30

MEDIATION AND
INTIGATION
SECTION

SB01

ANALYST 4650L FILE ORIGIN GO MICRO OPEN DATE 10 16 90
CUSTOMER TITLE MS [redacted] MI. [redacted] NAME [redacted]
ADDR [redacted] CTY HAMBURG ST PA ZP [redacted]
PHONE [redacted] HOME [redacted]
FILE TYPE LEGAL STATUS OPEN CLOSED DATE DISTRICT 16
ESP1 ESP2 ESP3
MAKE BIRD MOD YR 77 MILEAGE 072000 VIN 7G67F [redacted] NEW-USED
WSD DEALER 116000 ZONE Y
PROB CD1 5F PROB CD2 PROB CD3 PROB CD4
SAFETY MEANS CASE TYPE
WARRANTY OWN NOT DENIED GOODWILL 00000
WANT TO CLS ADDCO 00 TRANS DATE TRANS DIST
R1 R2 R3 R4 R5 R6 R7 R8
ATTORNEY NAME CITY STATE
CROSS RE NAME CITY STATE
O1- CUST ALLEGES VEH IN REAR-END ACCIDENT 10/12/90 AND ALL SEATBELTS RELEASED C
O2- AUSING SERIOUS INJURY/SPRAINED NECK.WHIPLASH,AND PULLED MUSCLES.POLICE AND
O3- INSURANCE COMPANIES INVOLVED/VEH AT V & M TOWING.CUST SKS A$$T WITH DAMAGES
C1-
C2-
C3-

No Ford Dealer involved.

10/21

NIF 10/24

4

This is Pete Carroll taking a recorded conversation on Friday, October 16, 1987, at approximately 8:15 a.m.

Q: Would you give me your full name please?
A: Yes, my name is [redacted]

Q: Okay, [redacted] would you spell your last name for us?
A: [redacted] two B's, no S.

Q: Could I have your home address?
A: Home address is [redacted] Yulee, Florida [redacted] The mailing address is [redacted], Fernandina Beach, Florida [redacted]

Q: And your home telephone number?
A: [redacted]

Q: Your date of birth?
A: [redacted]

Q: And the name of your employer?
A: I'm self-employed. My wife and I own jointly Atlantic Business Machines, Fernandina Beach, Florida.

Q: And the business address?
A: [redacted], Fernandina Beach, Florida [redacted]

Q: The business telephone number?
A: We have several of them. The Fernandina number is [redacted] The Jacksonville line is [redacted]

Q: Okay, I believe that you indicated prior to the recorded portion of our conversation that you have consulted with an attorney. Is that correct?
A: I have a personal friend who is an attorney that I have mentioned this to and he has given me some personal friendly advice on how to handle myself and what procedure we should follow and offered his assistance professionally and personally should I need it in the future.

Q: Would you like to give us his name?
A: His name is [redacted]

Q: Okay, is it reasonable to conclude that you are not formally represented at this time?
A: Not at the present. My friend, [redacted] had asked that I look into this matter first and come to some sort of conclusion; then, if I was not satisfied with those findings, then I could retain him at that time and we could go on from there.

Q: So this concern goes back at least a year or more?
A: Yes. Again, I kind of passed it off. I had never had to make an emergency stop in the vehicle. I did look at the belts, but what can you tell by looking. You have to be in a situation before you can actually test the belt and have a certain amount of _____ force applied.

Q: So you did not consider the concern serious enough to take the car in and have the seat belts inspected by the dealer?
A: No, sir. Even though we had had the car to the dealer on numerous occasions. Well, on several occasions, I won't say numerous. Not as in hundreds, but on a couple of occasions or whatever. It's just one of those things where you buckle the seat belt, pull on the strap and it holds. What's there to test?

Q: You said it was the shoulder portion of the seat belt that allegedly didn't hold you properly at the time the accident occurred?
A: My whole seat belt, the whole thing turned loose.

Q: Including the lap portion of the seat belt restraint?
A: Yes sir. A lady who was behind me and later came to the office and came to the hospital where I was, and evaded the accident. She drives a Mercedes, I know the lady, and she avoided the accident by swerving and she told everyone that she knows I had my seat belt on and she was behind me. She came to me immediately after the accident, knowing me personally, and my seat belt was not on me anywhere. So apparently the entire unit turned loose.

Q: So you remained in the seat after the accident occurred, based on what they tell you?
A: I was laying in the entire front seat, from what they tell me.

Q: And the seat belt was not secured at all at that time, based on what witnesses tell you?
A: Correct. Again, my memory after I hit the windshield, I have little bits and tiny pieces, but I wouldn't rely on them.

Q: And there were no passengers in the car with you?
A: No, sir.

Q: Have you had anyone inspect the seat belt assembly with regard to possibly a Ford dealer or any other person who might be considered an expert to determine the problem that may have existed with the seat belt that you've claimed?
A: Yes, I have. The gentleman's name is Gene Gicoski. He's an independent investigator out of Jacksonville.

FLORIDA TRAFFIC ACCIDENT
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC ACCIDENT RECORDS, TALLAHASSEE, FL 32301

Time & Location

DATE OF ACCIDENT	TIME OF ACCIDENT	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV ACCIDENT REPORT NUMBER
09/10/87	0904 ☒AM ☐PM	0904 ☒AM ☐PM	0910 ☒AM ☐PM	8713847	094841087

COUNTY/CITY CODE: 4100
CITY OR TOWN (Check if in City or Town): Feet or .25 Miles N S E W of Fdna Bch
COUNTY: NASSAU
AT NODE NO.: N/A 1☐ 2☐ OR N/A FROM NODE NO. FEET/MILES N/A
NEXT NODE NO. ON ROAD N/A
NO. OF LANES: 4
1☒ DIVIDED 2☐ UNDIVIDED
ON STREET, ROAD OR HIGHWAY: 8th STREET
AT INTERSECTION OF: Olive Street 1☐ 2☐ OR ____ FEET/MILES ☐N☐S☐E☐W OF INTERSECTION OF

Section 1 — Vehicle

DRIVER ACTION (1 Phantom 2 Hit & Run 3 N/A)	YEAR	MAKE	TYPE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	86	Dodg	1	[redacted]	Fl	1B3B036DIGF[redacted]

TRAILER OR TOWED VEHICLE INFORMATION: /

POINT OF IMPACT: 8 (CIRCLE AREA OF DAMAGE: 15, 16, 17, 8)
18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer

VEHICLE TRAVELING ☒N☐S☐E☐W ON 8th STREET At 15 Est. MPH | Posted Speed 45 | EST. VEHICLE DAMAGE $3,500.00 (1 Disabling 2 Functional 3 No Damage) 1 | EST. TRAILER DAMAGE $

INSURANCE CO. (LIABILITY OR PIP): CRAWFORD Ins. Co. | POLICY NUMBER [redacted] | VEHICLE REMOVED BY: TIPPINS (1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other) 2

☒ OWNER'S FULL NAME (Check if Driver) [redacted] CURRENT [redacted] CITY AND STATE Fdna Bch Fl ZIP CODE [redacted]

OWNER'S FULL NAME (Trailer or Towed Vehicle) [redacted] CITY AND STATE ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver's License) [redacted] CURRENT ADDRESS (Number and Street) [redacted] CITY AND STATE Fdna Bch Fl ZIP CODE [redacted] DATE OF BIRTH [redacted]

DRIVER'S LICENSE NUMBER [redacted] STATE Fl LIC. TYPE 1 | BAC TEST (1 Blood 2 Breath 3 Urine 4 Refused 5 None) 5 | RESULTS ___ %

AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
1	1	1	1	1	3	2	1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other) 1 | Driving Ability Questionable RECOMMEND RE-EXAM (1 YES 2 NO 3 NOT APPLICABLE N YES, Explain in Narrative) 2 | Driver's Phone No. [redacted]

#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	LIC.	INJ.	S. EQUIP.	EJECT.
1.								
2.								
3.								

Section 2 — Vehicle

DRIVER ACTION (1 Phantom 2 Hit & Run 3 N/A)	YEAR	MAKE	TYPE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	84	Merc	1	[redacted]	Fl	1MEBP6041EN[redacted]

TRAILER OR TOWED VEHICLE INFORMATION: /

POINT OF IMPACT: 14 (CIRCLE AREA OF DAMAGE: 15, 16, 17, 8)
18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer

VEHICLE TRAVELING ☒N☐S☐E☐W ON 8th STREET At 50 Est. MPH | Posted Speed 45 | EST. VEHICLE DAMAGE $3,000.00 (1 Disabling 2 Functional 3 No Damage) 1 | EST. TRAILER DAMAGE $

INSURANCE CO. (LIABILITY OR PIP): Hartford Ins. Co. | POLICY NUMBER [redacted] | VEHICLE REMOVED BY: TIPPINS (1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other) 2

☒ OWNER'S FULL NAME [redacted] CURRENT ADDRESS [redacted] CITY AND STATE Yulee Fl ZIP CODE [redacted]

OWNER'S FULL NAME (Trailer or Towed Vehicle) [redacted] CITY AND STATE ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver's License) [redacted] CURRENT ADDRESS (Number and Street) [redacted] CITY AND STATE Yulee Fl ZIP CODE [redacted] DATE OF BIRTH [redacted]

DRIVER'S LICENSE NUMBER [redacted] STATE Fl LIC. TYPE 1 | BAC TEST (1 Blood 2 Breath 3 Urine 4 Refused 5 None) 5 | RESULTS ___ %

AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
1	1	1	1	1	3	2	1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other) 1 | Driving Ability Questionable RECOMMEND RE-EXAM (1 YES 2 NO 3 NOT APPLICABLE N YES, Explain in Narrative) 2 | Driver's Phone No. [redacted]

#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	LIC.	INJ.	S. EQUIP.	EJECT.
1.								
2.								
3.								

Code Information

VEHICLE TYPE
01 Passenger Vehicle
02 Passenger Van
03 Recreational
04 Truck (Light) Pickup
05 Truck (Heavy)
06 Truck-Tractor
07 Motorcycle
08 Off-Road Vehicle
09 Moped
10 Bicycle
11 Law Enforcement Vehicle
12 Fire Vehicle
13 Ambulance
14 Rescue Unit
15 Taxicab
16 Public School Bus
17 Private School Bus
18 City Transit Bus
19 Commercial Bus
20 Other Type Bus
21 Special Mobile Equipment
22 Farm Equipment
23 Government
24 Military
25 Train
26 Trailer
27 Towed Vehicle
28 Other

RESIDENCE (DRIVER ONLY)
1 County of Accident
2 Elsewhere in State
3 Non-Resident State
4 Foreign 5 Unknown

LICENSE TYPE
1 Operator 4 Motorcycle
2 Chauffeur
3 Res. Operator 5 None

RACE
1 White
2 Black
3 Hispanic
4 Other

SEX
1 Male
2 Female

PHYSICAL DEFECTS
1 No Defects Known
2 Eyesight Defect
3 Fatigue/Asleep
4 Hearing Defect
5 ILL
6 Seizure, Epilepsy, Blackout
7 Other Physical Defect

INJURY SEVERITY
1 No Injury
2 Possible Injury
3 Non-Incapacitating Injury
4 Incapacitating Injury
5 Fatal (Within 90 Days) Injury
6 Non-Traffic Fatality

ALCOHOL/DRUG USE
1 Not Drinking or Using Drugs
2 Alcohol-Under Influence
3 Drugs-Under Influence
4 Alcohol & Drugs-Under Influence
5 Had Been Drinking
6 Pending BAC Test Result

SAFETY EQUIPMENT IN USE
1 Not in Use
2 Seat Belt/Shoulder Harness
3 Child Restraint
4 Safety Helmet/Eye Protection
5 Air Bag
6 Other

LOCATION (IN VEHICLE)
1 Front Left
2 Front Center
3 Front Right
4 Rear Left
5 Rear Center
6 Rear Right
7 In Body of Truck
8 Bus Passenger
9 Other

EJECTED
1 No
2 Yes
3 Partial

INVESTIGATOR — RANK AND SIGNATURE: Dep. Fulton Crews Jr | ID/BADGE NUMBER: 128 | DEPARTMENT: Nassau Co. SO | 1☐ FHP 3☐ CPD 2☒ SO 4☐ OTHER

HSMV 90003 (REV. 2/86) Formerly FHP 3

3

Vehicle

At: Est. MPH: $ 2 Functional 3 No Damage $ 20 Windshield 21 Fire 22 Trailer

INSURANCE CO. (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

OWNER'S FULL NAME (Check if Driver ☐) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver's License)/Pedestrian | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE | DATE OF BIRTH

DRIVER'S LICENSE NUMBER | STATE | LIC. TYPE | BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None | RESULTS % | AL/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other | Driving Ability Questionable RECOMMEND RE-EXAM 1 YES 2 NO 3 NOT APPLICABLE H YES, Explain in Narrative | Driver's Phone No. ( )

#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	LOC	INJ.	S. EQUIP.	EJECT.
1.								
2.								
3.								

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1.		$					
2.		$					

CONTRIBUTING CAUSES-DRIVER/PED. (1 / 2 / 3)

01 No Improper Driving/Action
02 Careless Driving
03 Failed to Yield Right-of-Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol-Under Influence
08 Drugs-Under Influence
09 Alcohol & Drugs-Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed to Maintain Equip./Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side/Way
77 All Other (Explain in Narrative)

VEHICLE DEFECT (1 / 2 / 3)

01 No Defects
02 Def. Brakes
03 Worn/Smooth Tires
04 Defective/Improper Lights
05 Puncture/Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment/Vehicle Defect
77 All Other (Explain in Narrative)

VEHICLE MOVEMENT (1 / 2 / 3)

01 Straight Ahead
02 Slowing/Stopped/Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering/Leaving Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Veh.
77 All Other (Explain in Narrative)

VEHICLE FUNCTION (1 / 2 / 3)

01 None
02 Pulling Semi-Trailer
03 Pulling Other Veh.
04 Emergency Operation
05 Pulling Tandem Trailer/Double Bottom
06 Pulling Tank Trailer
07 Pulling House Trailer
08 Pulling Small Trailer
09 Veh. Being Towed/Pushed
10 Pulling Pole Trailer
11 Pulling Saddle Mount
12 Police Pursuit
77 All Other (Explain)

VEHICLE MODIFIED (1 / 2 / 3)

01 Yes (If Yes, Explain) 02 No 03 Not Applicable

LOCATION ON ROADWAY (1 / 2 / 3)

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane/Safety Zone

PEDESTRIAN ACTION (1 / 2 / 3)

01 Crossing Not at Intersection
02 Crossing at Intersection
03 Walking Along Road With Traffic
04 Walking Along Road Against Traffic
05 Pushing/Working on Vehicle in Road
06 Other Working in Road
07 Standing/Playing in Road
77 All Other (Explain)
88 Unknown

FIRST/SUBSEQUENT HARMFUL EVENT (F / S)

01 Collision With MV in Transport (Rear-end)
02 Collision With MV in Transport (Angle)
03 Collision With MV in Transport (Left Turn)
04 Collision With Parked Car
05 Collision With MV in Transport (Sideswipe)
06 Collision With MV in Transport (Backed Into)
07 Collision With MV in Transport (Right Turn)
08 MV Hit Other Fixed Object
09 MV Hit Utility Pole/Light Pole
10 Collision With MV in Transport (Head-on)
11 Collision With Pedestrian
12 Collision With Moped
13 MV Hit Tree/Shrubbery
14 Collision With Bicycle
15 Collision With Bicycle (Bike Lane)
16 MV Ran into Ditch/Culvert
17 Ran Off Road Into Water
18 Overturned
19 MV Hit Fence
20 Collision With MV on Other Roadway
21 MV Hit Sign/Sign Post
22 MV Hit Guardrail
23 Collision With Fixed Object Above Road
24 Fire
25 Collision With Animal
26 Collision With Moveable Object On Road
27 MV Hit Concrete Barrier Wall
28 MV Hit Bridge/Pier/Abutment Rail
29 Occupant Fell From Vehicle
30 Tractor/Trailer Jackknifed
31 Collision With Construction Barricade/Sign in Road
32 Collision With Traffic Gate
33 Collision With Crash Attenuators
34 Collision With Train
35 Explosion
77 All Other (Explain)

ROAD SYSTEM IDENTIFIER

01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike
07 Other Full Control
08 Other Major Arterial
77 All Other (Explain)

LIGHTING CONDITION

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown

ROAD SURFACE/CONDITION

01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain)

WEATHER

01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain)

ROAD SURFACE TYPE

01 Slag/Gravel/Stone
02 Blacktop
03 Brick/Block
04 Concrete
05 Dirt
77 All Other (Explain)

CONTRIBUTING CAUSES-ROAD

01 No Defects
02 Obstruction With/Without Warning
03 Road Under Repair/Construction
04 Loose Surface Materials
05 Shoulders-Soft/Low/High
06 Holes/Ruts/Unsafe Paved Edge
07 Standing Water
08 Worn/Polished Road Surface
77 All Other (Explain)

CONTRIBUTING CAUSES-ENVIRONMENT

01 Vision Not Obscured
02 Inclement Weather
03 Parked/Stopped Vehicle
04 Trees/Crops/Bushes
05 Load on Vehicle
06 Building/Fixed Object
07 Signs/Billboards
08 Fog
09 Smoke
10 Glare
77 All Other (Explain)

TRAFFIC CONTROL

01 No Control
02 Speed Control Zone
03 Traffic Signal
04 Stop Sign
05 Yield Sign
06 Flashing Light
07 Railroad Signal
08 Officer/Guard/Flagman
09 Posted No U-Turn
77 All Other (Explain)

SITE LOCATION

01 Not At Intersection/RR X'ing/Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad Crossing
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot-Public
10 Parking Lot-Private
11 Private Property
77 All Other (Explain)

TRAFFICWAY CHARACTER

01 Straight-Level
02 Straight-Upgrade/Downgrade
03 Curve-Level
04 Curve-Upgrade/Downgrade

TYPE SHOULDER

01 Paved
02 Unpaved

WITNESS NAME | ADDRESS | CITY & STATE | ZIP

1 [redacted] [redacted] Edna Beh Fl [redacted]

2

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION NUMBER
V-2	316.1925	[redacted]	Careless Driving	84035

EMS INFO. FATALS ONLY	TIME EMS NOTIFIED	TIME EMS ARRIVED	COUNTY/CITY CODE	DATE OF ACCIDENT	INVEST. AGENCY REPORT NUMBER	HSMV ACCIDENT REPORT NUMBER
	AM PM	AM PM	NASSAU	09-10-87	8713847	094841087

Vehicle #1 Traveling North on South 8th ST was slowing down in an attempt to make a left hand turn, when vehicle #2, traveling North on South 8th ST, struck Vehicle #1 in the rear.

FIRST AID GIVEN BY - NAME: ☐ 1 Physician or Nurse ☒ 2 Paramedic Or EMT ☐ 3 Police Officer ☐ 4 Certified 1st Aider ☐ 5 Other

INJURED TAKEN TO: NASSAU General Hosp.

BY - NAME: Rescue 21 Rescue 22

WAS INVESTIGATION MADE AT SCENE? ☒ 1 Yes ☐ 2 No-Where?

IS INVESTIGATION COMPLETE? ☒ 1 Yes ☐ 2 No-Why?

DATE OF REPORT 09/10/87

PHOTOS TAKEN? ☒ 1 Yes ☐ 2 No ☐ 3 Investigating Agency ☐ 4 Other

INVESTIGATOR - RANK AND SIGNATURE: Dep. Fuller Crews Jr.

ID/BADGE NUMBER: 128

DEPARTMENT: Nassau Co. SO

1 ☐ FHP 2 ☒ SO 3 ☐ CPD 4 ☐ OTHER

HSMV 90005 (REV. 3/86)S

INDICATE NORTH WITH ARROW

(RP) (Reference Points)

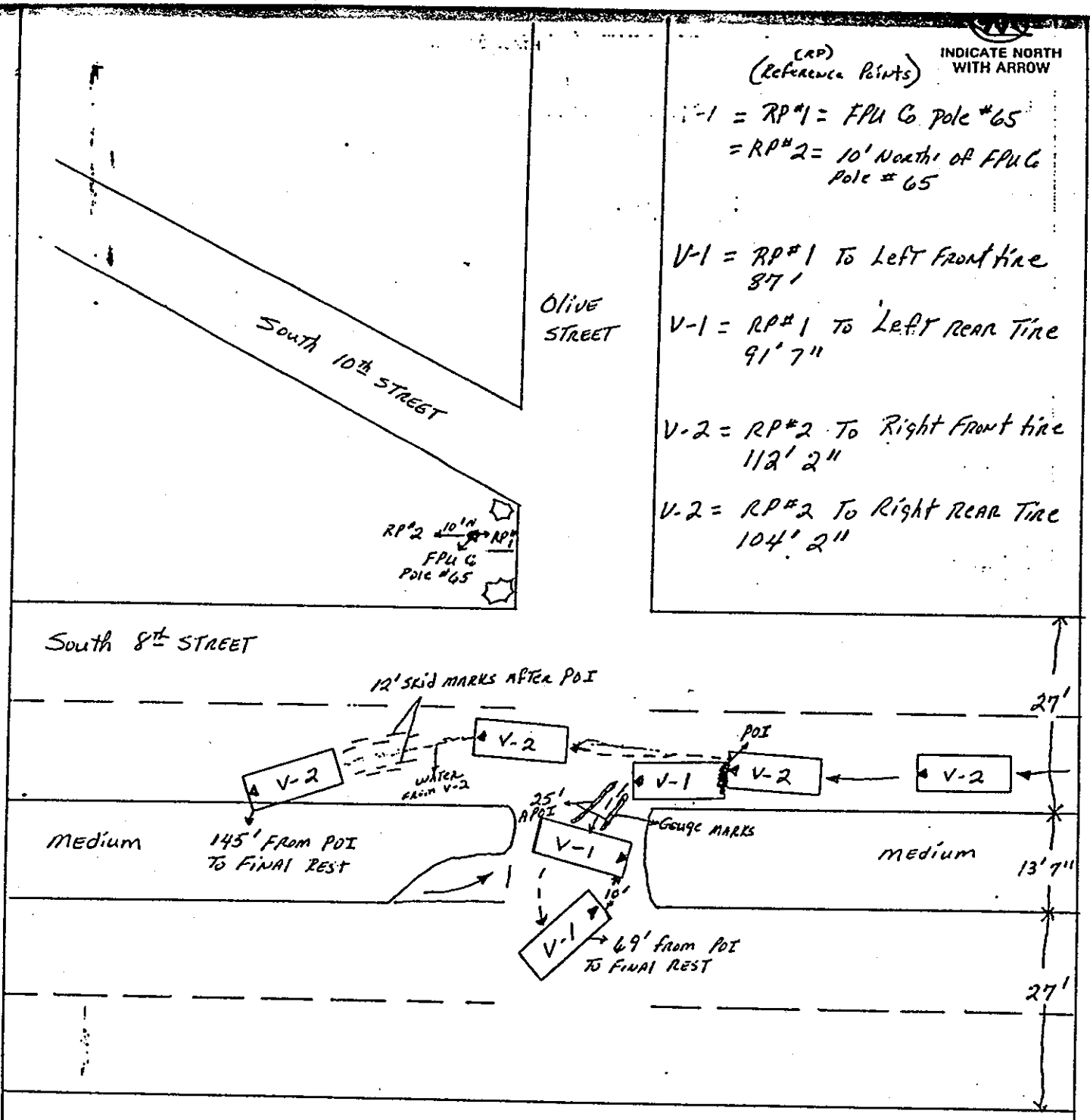
V-1 = RP#1 = FPU G Pole #65
= RP#2 = 10' North of FPU G Pole #65

V-1 = RP#1 To Left Front tire 87'

V-1 = RP#1 To Left Rear Tire 91' 7"

V-2 = RP#2 To Right Front tire 112' 2"

V-2 = RP#2 To Right Rear Tire 104' 2"



5

90- [redacted] 08 VB

CRT LEGAL [redacted] EEN

ANALYST FILE ORIGIN GO MICRO OPEN DATE

CUSTOMER TITLE [redacted] FI. [redacted] MI. _____ L. NAME [redacted]

ADDR [redacted] CITY High Point STATE NC ZIP [redacted]

PHONE BUS # _____ HOME [redacted]

FILE TYPE LEGAL DISTRICT

MAKE _____ MOD YEAR _____ MILEAGE _____ VIN _____

WSD _____ DEALER _____ ZONE _____

PROB CDI _____

MEDICAL LITIGATION SECT.

'90 APR 24 A8:11

SPECIFY

1) Accident or fire? Cust sts veh. Seat Belt Broke in accident.

2) Date of incident/facts He received a letter from Office of General Council stating ESIS should be in contact w/him w/in 14 days, If not to call them [redacted]

3) Damage and/or injury estimate He's been trying to get a hold of

4) Present status and location of vehicle them, but most of his messages

5) What is owner asking from FOMOCO? have been returned.

APR 30 1990

[redacted]

3/23/90

[redacted]

SB01

High Point, NC
Feb. 16, 1990
veh

Hydroplaned

Seat belt came unlatched

Throw from veh.

Hit guardrail

Flipped 3 times

82 Meeting
100,000 miles

Veh is at a salvage yard.

Over 50 stitches

Severe head injury

$[illegible] worth of medical bills.

Want to know why seat belt became unlatched

MAR 23 1990

MAR 23 1990

[redacted]

3/23/90

6

MICHIE, HAMLETT, LOWRY, RASMUSSEN & TWEEL, P. C.
ATTORNEYS AT LAW
500 COURT SQUARE SUITE 300
P. O. BOX 298
CHARLOTTESVILLE, VIRGINIA 22902-0298
(804) 977-3390

THOMAS J. MICHIE, JR.
LEROY R. HAMLETT, JR.
EDWARD B. LOWRY
BRUCE D. RASMUSSEN
RONALD R. TWEEL
GARY W. KENDALL
JOHN V. LITTLE
KEVIN W. RYAN

ELIZABETH P. COUGHTER
JAMES P. COX III
E. RANDALL RALSTON
ROBERT W. JACKSON
ALISON KITCH
PETER McINTOSH
EDMUND R. MICHIE

TELECOPIER
804-295-0681

CABLE MICHDOLAW
TELEX 705807

VK
5/30/

Certified Mail

Return Receipt Requested

January 19, 1990

Ford Motor Company
c/o Registered Agent
Edward R. Parker
5511 Staples Mill Road
Richmond, Virginia 23228

RE: [redacted]
Date of Accident: 08/14/88
Vehicle: 1982 Ford Escort

Dear Sir or Madam:

This is to inform you that Charles F. Purcell and I represent [redacted] who was injured on August 14, 1988, in a one-car accident in Louisa County, Virginia. She was driving a 1982 Ford Escort.

At the time of her accident, [redacted] was wearing her seat belt. During the course of the vehicle rolling over, the seat belt detached and she was thrown out of the vehicle. Our client sustained a serious and permanent closed-head injury in addition to other trauma to her body.

This matter is still in the process of investigation. However, you are now on notice of the potential claim that the vehicle was defective due to the inability of the seat belt to hold, under foreseeable uses, and the uncrashworthiness of the 1982 Ford Escort.

Very truly yours,

Bruce D. Rasmussen

Eric - Charlotte
David Waugh

BDR/lgj

DMV COPY

ACCIDENT DATE (Month Day Year)	DAY OF WEEK	TIME	COUNTY OF ACCIDENT	
8 14 88	SUN	1275	LOUISA	

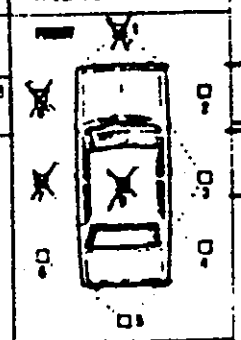
7 CITY OR TOWN ☐ ☐ OF | LANDMARK AT SCENE | NUMBER OF VEHICLES 7

ROUTE NO. OR STREET NAME AT SCENE: RT 33 — 8 8 2 3 0 2 5 4 0

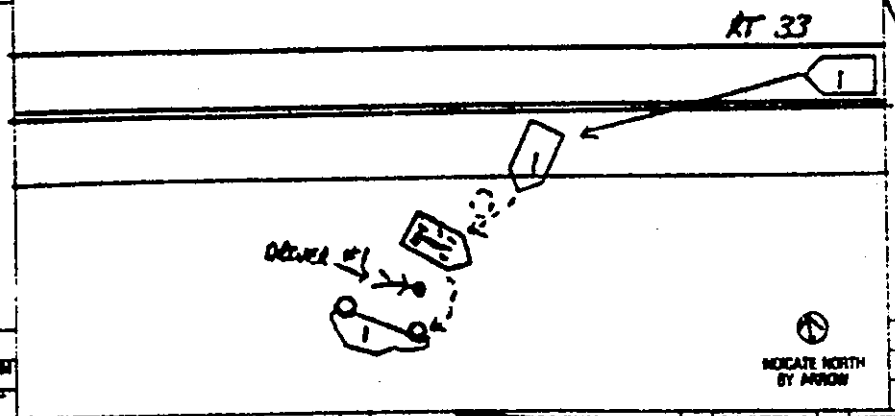
☐ AT INTERSECTION WITH OR .2 ☒ MILES ☐ FEET N ☐ S ☐ E ☒ W ☐ ROUTE NUMBER OR STREET NAME OF RT 522 (N)

VEHICLE NO. 1		VEHICLE NO. 2 (NO PEDESTRIAN)	
DRIVER'S NAME (LAST, FIRST, MIDDLE): [redacted]	OCCUPATION: UNK	DRIVER'S NAME (LAST, FIRST, MIDDLE):	OCCUPATION:
ADDRESS (STREET & NO.): [redacted]	YEARS OF DRIVING EXPERIENCE: UNK	ADDRESS (STREET & NO.):	YEARS OF DRIVING EXPERIENCE:
CITY: MINERAL 0941	ZIP CODE: [redacted]	CITY: STATE:	ZIP CODE:
DATE OF BIRTH: [redacted] SEX: F DRIVER'S LICENSE NUMBER: UNKNOWN		DATE OF BIRTH (Month Day Year) SEX: DRIVER'S LICENSE NUMBER: STATE:	
VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE): [redacted]		VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE):	
ADDRESS (STREET & NO.): [redacted]		ADDRESS (STREET & NO.):	
CITY: MINERAL STATE: VA ZIP CODE: [redacted]		CITY: STATE: ZIP CODE:	
MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.): FORD 4D YEAR: 82 REPAIR COST: 5000		MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.): YEAR: REPAIR COST:	
LICENSE PLATE NUMBER: [redacted] STATE: VA NAME OF INSURANCE CO. (NOT AGENT): UNKNOWN		LICENSE PLATE NUMBER: STATE: NAME OF INSURANCE CO. (NOT AGENT):	
DAMAGE TO PROPERTY OTHER THAN VEHICLES:	OBJECT STRUCK (TREE, FENCE, ETC.):	OWNER'S NAME (LAST, FIRST, MIDDLE): ADDRESS:	REPAIR COST:

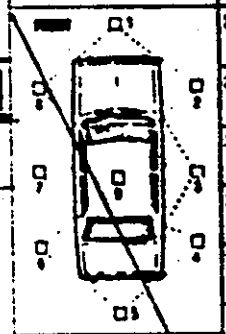
5 VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT



ACCIDENT DIAGRAM



VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT



4 SPEED

BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE
62	55	55

VEHICLE NO. 1 DAMAGE: ☒ OVERTURNED 3 ☐ UNDERCARRIAGE 5 ☐ BY FIRE 7 ☐ VEHICLE NO. 2 DAMAGE ☐ OVERTURNED 3 ☐ UNDERCARRIAGE 5 ☐ BY FIRE 7

ACCIDENT DESCRIPTION: VEHICLE #1 RAN OFF ROAD LEFT AND OVERTURNED

OFFENSES CHARGED DRIVER: #1 PENDING

	9	10	11	12	13	14	15	16	NAMES OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH
A	1	1	1	3	8 5 71	F	2	X	[redacted]
B									
C									
D									
E									

TROOPER/OFFICER'S NAME	BADGE/CODE NUMBER	DEPARTMENT NAME AND CODE NUMBER	REVIEWING OFFICER	DATE REPORT FILED
S A. LAWHEAD	3882	VA STATE POLICE		8/15/88

7

June 11, 1991

Policy No.: [redacted]
Claim No.:
Insured: FORD

QUESTIONS: JOHN TSOURMAS
ANSWERS: [redacted]

Q This is John Tsourmas with CIGNA, today's date is May 29, 1991, I am currently at the home of [redacted] in Chicago, Illinois. [redacted] are you aware that this conversation is being recorded?

A Yes, I am aware that this conversation is being recorded.

Q And do I have your permission to record our conversation?

A Yes, you do.

Q Okay, can you please state your first name and spell your last name?

A [redacted]

Q E R D?

A Yes.

Q And first name is [redacted] Two S's or one?

A Two S's.

Q Okay, your current address?

A [redacted]

Q Okay, that is in Chicago?

A Yes.

Q Apartment number.

A There is no apartment number.

Q First floor?

A Right.

Q Okay, and zip code there?

A [redacted]

Q Okay, and your date of birth?

A [redacted]

Q And your social security number?

A [redacted]

Q And your marital status?

A Single, never married.

Q Okay, alright, and your occupation?

A Uh-I don't really have-

Q Okay, not employed at the time, okay, could you please to the best of your recollection tell us what happened on August 18, 1990?

A I was driving on Bill Street and I was going through the intersection and there

was no stop sign only a yield sign and I did however, yield, and saw no traffic coming from either direction.

Q Okay.

A Uh-as I was traveling through the intersection a car comes out of nowhere and I mean before I even knew it she hit me.

Q Okay.

A Alright, I mean there was no time to even punch the gas to get out of the intersection, I was already almost out when she hit me.

Q Okay.

A Uh-she hit me in the passenger door, part of the truck bed and as I was out of the intersection uh-the police arrived a minute after she hit me and uh-we went to the hospital in the ambulance, she was placed under arrest.

Q Okay, she was arrested right there on the scene?

A Well, she was 15 years old so they took her to the-

Q She didn't even have a license?

A Right.

Q Uh-you were driving what vehicle?

A I was driving a Ford F150

Q Ford F150, and whose-

A The have the vehicle ID numbers and everything.

Q I'll get that from you afterwards.

Whose vehicle was that?

A [redacted]

Q [redacted] and what year was that Ford?

A 197-well, on the title it says 1970- it is weird because the vehicle ID number reflects a different year but the title says something different.

Q Okay.

A So it is either '78 or '79.

Q 78 or 79

A One says 78 and the the vehicle ID number says 79 or something.

Q And about how many miles did this vehicle have on it at the time?

A I don't know.

Q You don't know, okay. And is this just a two seater?

A Four.

Q Four seater, who else was sitting with you at the time that you are driving?

A My baby and my son.

Q Okay, so your baby was where?

A In the passenger seat belt.

Q Okay.

A And my son was in the lap belt.

Q And your son was in the back seat?

A No, it is a -well, it had the lap belt in the middle and two seats so four seater-

Q Okay, so everyone is in the front?

A Right.

Q Baby is in the middle and the son is in the passenger?

A No.

Q Son is in the middle, baby in the passenger?

A Right.

Q Okay, is the baby in a car seat?

A Yes, he is.

Q Baby seat, okay.

A And seat belt.

Q Okay, and-

A My son was in a lap belt.

Q What is your son's name?

A [redacted]

Q [redacted] and how old is he?

A He is four now.

Q Okay, and your daughter?

A My son, my baby.

Q What about your daughter?

A No, I don't have a-

Q Both sons?

A Both sons.

Q Okay, and the other son?

A Uh-he is [redacted] and he is one.

Q Okay, so he was an infant at the time?

A He was three months old.

Q Okay, now, [redacted] is the owner of the vehicle, where can he be reached?

A Uh-I don't know but I know that he has a Sandwich address and the truck is parked.

Q [redacted] he has a what address?

A Sandwich, Illinois, I believe on Center Street.

Q Sandwich, Illinois on Center Street. And you were driving the vehicle with his knowledge and consent?

A With his knowledge and consent.

Q Okay, uh-he wasn't in the vehicle at the time?

A No, he was not.

Q Okay, now you were heading southbound on Dearborn-on Ball Street?

A [redacted]

Q trying to remember his name and she was going eastbound on-

A On Dearborn

Q And struck you?

A Yes.

Q Okay, I am trying to figure out cause Dearborn runs north and south.

A No, it doesn't, that is Dearborn in Chicago, this is not in Chicago.

Q Where is this at?

A This is in Plano, Illinois.

Q Oh, how do you spell that?

A P L A N O

Q Plano, Illinois and that is where, downstate?

A That is by Sandwich.

Q Okay, by Sandwich.

A West of Aurora.

Q West of Aurora, I'm sorry not that explains it a little bit. Okay.

A Trying to figure out how she is going eastbound on a northbound street?

Q Yeah, exactly. Uh-alright, now how fast were you traveling?

A About uh-15 MPH.

Q 15 and-

A Not even that maybe cause I had yielded to go through and-

Q Okay, and-

A Well, I would say about 15 cause it doesn't take that long to go 15 MPH.

Q Right.

A When you get going and I was uh-three speed so-

Q Okay, three speed now was this a residential area?

A Yes.

Q Okay, and as you were going through the intersection she just came out of nowhere and-

A Out of nowhere?

Q How fast do you think that she was going?

A Maybe 35.

Q Was she alone?

A Yes.

Q Okay, when you got out of the car did she say anything to you?

A She said that she was sorry. She didn't even have a driver's license.

Q She admitted that to you?

A Yes.

Q Okay, and you have her name here on the police report as [redacted] of [redacted] in Plano, Illinois. Okay. And police came to the scene, did you have to call them there or did they just come?

A Somebody else called them.

Q Somebody else called them and she was ticketed for driving without a license?

A Yes.

Q And you were?

A Ticketed for driving without a license.

Q Okay.

A My license had expired September uh-'89 and I thought it expired September of '90.

Q Okay, so you failed to renew it? Okay. And uh-was anyone taken to the hospital?

A Yes, I went to the hospital and my children went to the hospital.

Q In an ambulance?

A In an ambulance.

Q Melissa and two children both to hospital, which hospital is that?

A Sandwich Hospital

Q Is that S A N-

A D -like the sandwich.

Q Okay, and what injury did yousustain?

A I had back and neck injuries and I had multiple bruises on my arms.

Q Okay.

A And I had hit my breast on the steering wheel and my stomach and when the seat belt snapped off.

Q Okay, and you were wearing your belt, did the belt hold you?

A No, it -it is like got double whiplash, I went like that and it snapped, it just-like uh-how can I explain it, it was like-

Q Did you have a chance to apply the brake at all? When she hit you?

A When she hit me the car died cause it is a three speed and it died. I mean I didn't even have a chance to keep going. It died.

Q Okay, so before you could apply the brake or anything she just hit you? And the belt failed to restrain you and you went forward?

A I went forward and then it snapped and then I went forward again.

Q Okay, so went forward, it snapped you back and then forward again.

A So it was kind of like double whiplash. Because-

Q And how about the children?

A My baby flew over my son in the middle, the car seat, I mean seat belt snapped up the car seat flew over my son in the middle and he had the gear shift in his stomach and he was trapped between the car seat and the gear shift.

Q Were you guys able to get out of the car?

A Oh, yeah.

Q So on all three occasions, the belts didn't hold them and you guys went back-

A Right, some it helped, the lap belt helped.

Q The middle one?

A Yes.

Q Okay, what injury did your son have?

A He had whiplash.

Q Okay, whiplash and how about your daughter?

A Pardon?

Q The other son the small infant?

A Uh-he received head injuries.

Q From hitting the dash?

A From hitting the yeah, radio and-he had the radio, gearshift in his stomach.

Q Okay.

A And he has since had a hernia operation. And that is yet to be proven whether it is from the gear shift or not because he did have _____ when he was born.

Q Okay.

A But there are specialists that can determine if it is not necessarily from the accident. But it could have aggravated the hydroseal enough to cause a double hernia like that cause it was in his stomach.

Q And this is the infant right?

A Right.

Q And the infant was in a baby chair?

A In the car seat-

Q With the belt? In the middle or on the side?

A On the passenger side.

Q On the passenger side and your son is in the middle. Okay. Uh-now when did you first advise [redacted] of the accident?

A He knew about it the day that it happened.

Q He knew about it, okay, did he contact Ford or anyone?

A No. He didn't want anything to do with anything. And I didn't contact Ford

because I didn't know that there was any uh-I couldn't understand why the seat belts came up I mean I told the police that the day that it happened theseat belts snapped up. Because when he came there the, I had them out of the car and I had picked them up and you know and so-I had to explain to the policeman why he wasn't still in the seat belt and the son was still in his lap belt cause I hadn't bothered to take my son out. And uh-just to see if he was alright and uh-so then uh-he didn't-I have a friend of mine that knew somebody that worked at Ford Motor Company that, and I am not going to say any names, okay? But he ran the vehicle ID number for me cause I had always suspected something, why would the seat belts snap up? You know, I couldn't understand why they came off.

Q Right.

A Any way, shape or form why they came off, when I got hit.

Q They came off what do you mean they cam eoff?

A They snapped off, the seat belt snapped off.

Q They didn't hold in the thing?

A No.

Q Okay, okay, and what did you guys determine?

A That the original owner had not taken the vehicle in for the last safety - last recall.

Q So the original owner -

A There was a recall on the safety latch mechanism-

Q Take-so the original owner failed to take the vehicle back on a safety recall on the belts?

A Right.

Q When was the recall?

A I don't know, I-

Q Okay, so there was a recall on the belts?

A I have the papers here somewhere but-

Q I understand and-

A And I didn't expect this so soon because I have called like three or four times and no one ever told me-

Q Okay, and right now the vehicle is still around, it is totalled?

A It is parked.

Q Parked in Sandwich-

A Right. It wouldn't probably take much to total it cause it is not working a whole lot but-

Q Alright.

A But it is the point that it is -

Q Did your son's belts disengage?

A No, my son in the middle did not disengage, the baby's did.

Q The baby so the two people on the side. Disengaged. Just completely snapped off.

A Right.

Q Okay, and then-

A It didn't like stop or anything just held.

Q Right. And uh-do you know how I can get in touch with this [redacted]?

A His number is listed in DirectoryI know that.

Q He is listed in Sandwich, Illinois?

A 815 area code.

Q 815, okay, and he would be familiar with you if I explained the situation to him?

A Right.

Q Okay, and he has the vehicle parked at his house? Has he had it checked by anybody?

A Uh-I don't know.

Q Does he know about the recall?

A I don't even know that.

Q Okay.

A I know that I have done all the calling on my own, he didn't have anything to do with it.

Q Do you have a claim pending against this other person? This uh-

A Not any longer.

Q Not any longer. Okay, did-

A I am going to settle with her because she is a kid.

Q Are you dealing with her insurance carrier right now? Which would be-

A American Family

Q Okay, uh-

A I mean I have an attorney on it.

Q Okay, you have an attorney on that case. Do you have an attorney that is representing you with this claim against Ford?

A I could have if it becomes, comes to that.

Q Comes to that cause before I take your statement I-if you have an attorney I am not supposed to bother you with recorded statements.

A I haven't signed anything with my attorney.

Q Okay, uh-American Family okay, have your medical bills been taken care of at this time, what kind of bills are you looking at?

A I have more bills.

Q More bills.

A I will have I know that, I was diagnosed with arthritis in my back.

Q As a result of this accident?

A Yes.

Q Okay.

A I I mean the girl said so, I just settled with the doctor bills that I have currently now-paid. Which was probably stupid on my part but-because arthritis can last a long time but it is not totally her fault cause she did hit me and she did cause me to have that injuries but the seat belt also had a lot to do with it. Cause I mean she didn't-I mean what happens if I have breast cancer that has nothing to do with my back or neck you know, I hit against the steering wheel cause the seat belt didn't hold me and that is what it was there for. She hit the car which caused the back and neck injuries because I still went forward but the seat belt wouldn't have held me I wouldn't have. I mean what if my baby has got a uh-head problem because he uh-I mean or because he had a hernia operation that may or may not, I mean I am not-

Q This is the infant now?

A Right, I am not saying that Ford is liable for that, I am saying that the possibility is there and it will be checked and he has to wait until he gets a little bit older.

Q Okay.

A Because the, he didn't have hydroseal when he was born. And now he has water in his testicles, it doesnot guaranty a hernia.

Q Okay.

A Okay, that does not guaranty that he will ever need a hernia repair. I mean he needs a hydroseal, repair but hydroseal and hernia are two different things.

Q Okay.

A And when there is a sharp instrument pressed against something what is going to happen.

Q The gear shift?

A Gear shift something will rupture.

Q Now this is now [redacted] now righ?

A No, [redacted]

Q [redacted] was the infant in the chair?

A Right.

Q And the passenger and still flew across into the gear shift?

A Flew across my son's lap and landed-

Q Okay, cause of the impact. Okay, uh-

A I mean the seat belt did keep him from going out the window,

Q Right.

A I mean that is for sure. But it didn't keep him safe.

Q Right.

A Cause he still hadinjuries.

Q Now this uh-and your claim against Ford would be for vehicle that had a recall on seat belts and the seat belts were not taken care of?

A No.

Q Okay, you were able to confirm that this vehicle had a recall?

A I was able to confirm it from somebody from Ford Motor.

Q Okay, and uh-you know who [redacted] bought the vehicle from?

A No, I don't, I don't even know, he might have owned it from the beginning, I don't know.

Q Okay.

A But he might not even know. You know. But I know that the person who had told me that, said that he could determine it from the vehicle ID number all he had to do was put the vehicle ID number in and he came back that the owner had not uh-had not satisfied the recall.

Q Okay, alright, is there anything else that we haven't discussed regarding this accident that you want to talk about?

A No.

Q Okay, uh-

A Unless you want me to go over it one more time for consistency?

Q No, that's okay, I wouldn't make you do that. Then I just want to confirm that I had your permission to record our conversation?

A You have my permission.

Q And that I have your permission to turn off the recorder?

A Turn it off.

Q Okay.

JT/dh

CONFIDENTIAL INVENTI

TRAFFIC ACCIDENT REPORT

527[redacted]452 — Plano — POLICE — POLICE ACCIDENT NO. 90 08-[redacted] — INCIDENT NUMBER 90-3890 — Sheet 1 of 1 Sheets

I.D.O.T. USE ONLY

ON: Number and Name of Highway or Street: Bill Street — COUNTY: Kendall — TOWNSHIP OR CITY: Plano

1 At Intersection With: Dearborn Street (Number or Name of Intersecting Highway or Street)

2 If Not At Intersection ___ Feet or ___ Miles (Circle One) N E S W of ___ (Nearest Highway, Street, Bridge, Milepost, or Other Landmark)

DATE OF ACCIDENT MO. DAY YR.: 08/18/90

TIME OF ACCIDENT: 3:49 A.M. P.M.

MOTOR VEHICLES INVOLVED: 2

DAY OF THE WEEK: M T W T F S S

CIRCLE ONE OR MORE — TYPE OF REPORT: 1 Conventional, 2 Desk, 3 Animal, 4 Private Property, 5 Hit and Run, 6 Supplementary

CIRCLE ONE OR MORE: 1 Fatal, 2 Injury, 3 Property Damage, 4 Arrest, 5 Interstate/Expressway

UNIT 1

DRIVER'S NAME (Last, First, M.I.): [redacted] — DATE OF BIRTH MO. DAY YR.: [redacted] — 1. MALE 2. FEMALE — TAKEN TO: Dept — SAF. EQPT.: 1 — TAKEN BY: Dept — INJ. CODE: 0

DRIVER'S ADDRESS: [redacted] — CITY/STATE/ZIP/PHONE: Plano IL [redacted]

DRIVER'S LICENSE NUMBER: None — STATE: — CLASSIFICATION: — RESTRICTIONS: —

VEHICLE MAKE: Oldsmobile — MODEL: Cruser — VEHICLE TYPE: Station wagon — YEAR: 84 — COLOR: Brown — Total Occ. Unit 1 Including Driver: 1

TRUCK DATA: NO. OF AXLES: — NO. OF TRAILERS: — TRAILER WIDTH(S): — TRAILER LENGTH(S): — VEH. LENGTH (TTL): —

VEHICLE OWNER: [redacted] — VEHICLE IDENTIFICATION NO.: 1G3AP35XE[redacted] — VEH. REGIST.: [redacted] — STATE: IL

[redacted] — CITY/STATE/ZIP/PHONE: Plano IL [redacted] — LIC. NO.: Dept — YEAR: 90

VEHICLE REMOVED BY: Owner — VEHICLE REMOVED TO: Friend's House (Driveway) — 1. DRIVEN AWAY 2. TOWED AWAY

CIRCLE POINT OF CONTACT: F R

APPROX. COST TO REPAIR OR REPLACE: ☐ UNDER $250 ☒ OVER $250

IF WITNESS, PLACE "W" IN UNIT NO. BOX

UNIT 2 OR PEDESTRIAN

☒ DRIVER'S NAME (Last, First, M.I.) ☐ PEDESTRIAN ☐ PEDALCYCLIST: [redacted] — DATE OF BIRTH MO. DAY YR.: [redacted] — 1. MALE 2. FEMALE — TAKEN TO: Sandwich Hospital — SAF. EQPT.: — TAKEN BY: Plano Ambulance — INJ. CODE: B

DRIVER'S ADDRESS: [redacted] — CITY/STATE/ZIP/PHONE: Oswego IL [redacted]

DRIVER'S LICENSE NUMBER: [redacted] — STATE: IL — CLASSIFICATION: — RESTRICTIONS: —

VEHICLE MAKE: Ford — MODEL: F-150 — VEHICLE TYPE: Pickup Truck — YEAR: 79 — COLOR: Brown — Total Occ. Unit 2 Including Driver: 3

TRUCK DATA: NO. OF AXLES: — NO. OF TRAILERS: N/A — TRAILER WIDTH(S): N/A — TRAILER LENGTH(S): N/A — VEH. LENGTH (TTL): N/A

VEHICLE OWNER: [redacted] — VEHICLE IDENTIFICATION NO.: [redacted] — VEH. REGIST.: [redacted] — STATE: IL

[redacted] — CITY/STATE/ZIP/PHONE: Sandwich IL [redacted] — LIC. NO.: Tarre — YEAR: 91

VEHICLE REMOVED BY: Friend — VEHICLE REMOVED TO: Country Air Apts — 1. DRIVEN AWAY 2. TOWED AWAY

CIRCLE POINT OF CONTACT: F R

APPROX. COST TO REPAIR OR REPLACE: ☐ UNDER $250 ☒ OVER $250

List additional passenger or witness information on a separate attached sheet.

PASSENGERS AND/OR WITNESSES

NAME (Last, First, M.I.): [redacted] — ADDR: [redacted] — CITY: Oswego — STATE: IL — 1. M 2. F: F — AGE: 3 months — TAKEN TO: Sandwich Hospital — UNIT NO.: 2 — SEAT POS.: 3 — SAF. EQPT.: 5 — TAKEN BY: Plano Ambulance — INJ. CODE: B

NAME: [redacted] — ADDRESS: [redacted] — CITY: Oswego — STATE: IL — 1. M 2. F: F — AGE: 3 — TAKEN TO: Sandwich Hospital — UNIT NO.: 2 — SEAT POS.: 2 — SAF. EQPT.: 1 — TAKEN BY: Plano Ambulance — INJ. CODE: B

NAME (Last, First, M.I.): — ADDRESS: — CITY: — STATE: — 1. M 2. F: — AGE: — TAKEN TO: — UNIT NO.: — SEAT POS.: — SAF. EQPT.: — TAKEN BY: — INJ. CODE:

NAME (Last, First, M.I.): — ADDRESS: — CITY: — STATE: — 1. M 2. F: — AGE: — TAKEN TO: — UNIT NO.: — SEAT POS.: — SAF. EQPT.: — TAKEN BY: — INJ. CODE:

NAME (Last, First, M.I.): — ADDRESS: — CITY: — STATE: — 1. M 2. F: — AGE: — TAKEN TO: — UNIT NO.: — SEAT POS.: — SAF. EQPT.: — TAKEN BY: — INJ. CODE:

DAMAGE TO PROPERTY OTHER THAN VEHICLE

NAME OF OWNER OF PROPERTY: — ADDRESS OF OWNER: —

NATURE OF DAMAGE: — APPROX. COST TO REPAIR OR REPLACE: $

CODE FOR INJURY: Use only most serious one in each space for injury.
K Dead before report made.
O No indication of injury.
A Severely bleeding wounds, distorted member, or had to be carried from scene.
B Other visible injury as bruises, abrasions, minor cuts, swelling, etc.
C No visible injury, limping, momentary unconsciousness or complaint of pain.

SEATING IN VEHICLE: 1 2 3 / 4 5 6 / 7 ENCLOSED PASSENGERS; 3 EXPOSED PASSENGERS

SAFETY EQUIPMENT USE
0 - UNKNOWN, NOT STATED
1 - SAFETY BELTS USED
2 - SAFETY BELTS-NOT USED
3 - HELMET USED
4 - HELMET PRESENT-NOT USED
5 - CHILD RESTRAINT USED
6 - CHILD RESTRAINT USED-NOT BELTED
7 - CHILD RESTRAINT PRESENT-NOT USED
8 - AIR BAG ACTIVATED

TIME NOTIFIED OF ACCIDENT	TIME ARRIVED AT SCENE	DATE NOTIFIED OF ACCIDENT (MONTH DAY YEAR)	DATE REPORT COMPLETED (MONTH DAY YEAR)
3:48 A.M. P.M.	3:49 A.M. P.M.	08/18/90	08/18/90

ARREST (NAME): [redacted] — SECTION NUMBER: 6-303 — TICKET NUMBER: 08857

ARREST (NAME): [redacted] — SECTION NUMBER: 6-101 — TICKET NUMBER: 08856

SIGNATURE OF INVESTIGATING OFFICER: X R. Rusby — I.D. NUMBER: [redacted] — LEA/ZONE: — COURT DATE: 09/06/90 — REVIEWING OFFICER: [illegible]

JUVENILE

SR 1733 BOX id (rev. 6/87) IL 494-0736

TRAFFIC ACCIDENT EXCHANGE INFORMATION

Plano POLICE

POLICE AC	NO.	INCIDENT NUMBER
[illegible]	[illegible]	[illegible]

ON: Number or Name of Highway or Street: Bill Street

COUNTY: [illegible]

TOWNSHIP OR CITY: Plano

1 At Intersection With: Dearborn Street (Number or Name of Intersecting Highway or Street)

2 If Not At Intersection ____ Feet or ____ Miles (Circle One) N E S W of ____ (Nearest Highway, Street, Bridge, Milepost, or Other Landmark)

THIS IS NOT A MOTORIST REPORT FORM

DATE OF ACCIDENT: MO. 08 DAY 18 YR. 90

TIME OF ACCIDENT: 3:49 A.M. P.M.

MOTOR VEHICLES INVOLVED: 2

DAY OF THE WEEK: M T W T F S S

UNIT 1

DRIVER'S NAME (Last, First, M.I.): [redacted]

DATE OF BIRTH MO. DAY YR.: [redacted]

1. MALE / 2. FEMALE

TAKEN TO: Dua

SAF. EQPT.: 1

TAKEN BY: Dua

INJ. CODE: 0

CITY/STATE/ZIP/PHONE: Plano [redacted]

DRIVER'S LICENSE NUMBER:

STATE:

CLASSIFICATION:

RESTRICTIONS:

VEHICLE MAKE: Oldsmobile

MODEL: Cruiser

VEHICLE TYPE: [illegible]

YEAR: 84

COLOR: [illegible]

Total Occ. Unit 1 Including Driver: 1

TRUCK DATA: NO. OF AXLES: — NO. OF TRAILERS: — TRAILER WIDTH(S): — TRAILER LENGTH(S): — VEH. LENGTH (TTL): —

VEHICLE OWNER: [redacted]

VEHICLE IDENTIFICATION NO.: 1G3A[illegible]YXE[redacted]

VEH. REGIST.: [redacted]

STATE: IL

CITY/STATE/ZIP/PHONE: Plano IL [redacted]

TAG. NO.: [illegible]

YEAR: 90

VEHICLE REMOVED BY: [illegible]

VEHICLE REMOVED TO: [illegible]

1. DRIVEN AWAY / 2. TOWED AWAY

CIRCLE POINT OF CONTACT: F R

APPROX. COST TO REPAIR OR REPLACE: ☐ UNDER $250 ☐ OVER $250

IF WITNESS, PLACE "W" IN UNIT NO. BOX

List additional passenger or witness information on a separate attached sheet.

UNIT 2 OR PEDESTRIAN

☒ DRIVER'S NAME (Last) ☐ PEDESTRIAN ☐ PEDALCYCLIST: [redacted]

DATE OF BIRTH MO. DAY YR.: [redacted]

1. MALE / 2. FEMALE

TAKEN TO: [illegible]

SAF. EQPT.:

TAKEN BY: [illegible]

INJ. CODE: B

CITY/STATE/ZIP/PHONE: Oswego IL [redacted]

DRIVER'S LICENSE NUMBER: S163 54[redacted]

STATE: IL

CLASSIFICATION:

RESTRICTIONS:

VEHICLE MAKE: Ford

MODEL: F-150

VEHICLE TYPE: Pickup Truck

YEAR: 79

COLOR: Brown

Total Occ. Unit 2 Including Driver: 3

TRUCK DATA: NO. OF AXLES: — NO. OF TRAILERS: — TRAILER WIDTH(S): — TRAILER LENGTH(S): — VEH. LENGTH (TTL): —

VEHICLE OWNER: [redacted]

VEHICLE IDENTIFICATION NO.: [redacted]

VEH. REGIST.: 37[illegible]8

STATE: IL

CITY/STATE/ZIP/PHONE: Sandwich IL [redacted]

TAG. NO.: [illegible]

YEAR: 91

VEHICLE REMOVED BY: [illegible]

VEHICLE REMOVED TO: [illegible]

1. DRIVEN AWAY / 2. TOWED AWAY

CIRCLE POINT OF CONTACT: F R

APPROX. COST TO REPAIR OR REPLACE: ☐ UNDER $250 ☐ OVER $250

CODE FOR INJURY

Use only most serious one in each space for injury.

- K Dead before report made.
- O No indication of injury.
- A Severely bleeding wounds, distorted member, or had to be carried from scene.
- B Other visible injury as bruises, abrasions, minor cuts, swelling, etc.
- C No visible injury, limping, momentary unconsciousness or complaint of pain.

DAMAGE TO PROPERTY OTHER THAN VEHICLE

NAME OF OWNER OF PROPERTY:

ADDRESS OF OWNER:

NATURE OF DAMAGE:

APPROX. COST TO REPAIR OR REPLACE: $

TIME NOTIFIED OF ACCIDENT	TIME ARRIVED AT SCENE	DATE NOTIFIED OF ACCIDENT (MONTH / DAY / YEAR)	DATE REPORT COMPLETED (MONTH / DAY / YEAR)
3:48 A.M. P.M.	3:49 A.M. P.M.	08 / 18 / 90	08 / 18 / 90

ARREST (NAME): [redacted]

SECTION NUMBER: 6-303

TICKET NUMBER: 08857

ARREST (NAME):

SECTION NUMBER: 6-101

TICKET NUMBER: 08856

SIGNATURE OF IN[redacted]: X R. Busby

I.D. NUMBER: 8

BEAT/ZONE: —

COURT DATE: / /

REVIEWING OFFICER:

SEATING IN VEHICLE: 1 2 3 / 4 5 6 — 7 ENCLOSED PASSENGERS — 8 EXPOSED PASSENGERS

SR 1452 (rev. 6/87) IL 494-0778

8

JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P. A.
ATTORNEYS AND COUNSELLORS AT LAW

E. D. ARMSTRONG III
JOHN T. BLAKELY
BRUCE H. BOKOR
GUY M. BURNS
MICHAEL T. CRONIN
ELIZABETH J. DANIELS
LARRY J. GONZALES
MARION HALE
JACQUELINE W. HUBBARD
REBECCA HENSON HUDOBA
SCOTT C. ILGENFRITZ
TIMOTHY A. JOHNSON, JR.
RICHARD D. LA BELLE III

E. JOHN LOPEZ
MARIA MAISTRELLIS
DAVID N. MORRISON
F. WALLACE POPE, JR.
DAVID P. RHODES
DARRYL R. RICHARDS
DENNIS G. RUPPEL
STEVEN M. SEIBERT
WILLIAM R. SWINDLE
GLEE A. TRIPLETT
JOAN M. VECCHIOLI
MICHAEL T. WILLIAMS

CLEARWATER OFFICE
911 CHESTNUT STREET
POST OFFICE BOX 1368
CLEARWATER, FLORIDA 33517-1368
TELEPHONE (813) 461-1818

TAMPA OFFICE
201 E. KENNEDY BOULEVARD
POST OFFICE BOX 1100
TAMPA, FLORIDA 33601-1100
TELEPHONE (813) 223-7576

PLEASE REPLY TO CLEARWATER
FILE NO.

RECEIVED
APR 21 1987
FORD PARTS & SERVICE
JACKSONVILLE DISTRICT

April 15, 1987

N/F

Ford Motor Company
District Office
Post Office Box Y
Jacksonville, Florida 32203

Gentlemen:

Our law firm has been employed by [redacted] to assist her in obtaining compensation for ~~the damages suffered~~ as a result of the automobile collision that occurred on March 2, 1987.

At the time of the accident, our client was a passenger in a 1985 Ford Escort automobile. [redacted] was wearing her seat belt; however, the seat belt failed and she was thrown into the dashboard and, as a result, received severe injuries.

Notice is hereby given that we intend to have an expert in the area of seat belt safety examine the Ford Escort automobile, which may result in our filing a claim against Ford Motor Company. If Ford desires to have its investigators inspect the seat belt assembly, please contact us within ten (10) days of the date of this letter; otherwise we will assume that Ford does not intend to make an inspection of the automobile and we will allow the owner of the vehicle to replace the defective seat belt assembly.

PLEASE BE GOVERNED ACCORDINGLY.

Sincerely,

John T. Blakely

c/c Esis Tampa
George Durand

JTB:ds
LIT16.17

53-660-594090-2

FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC ACCIDENT RECORDS & FORMS MGMT. TALLAHASSEE FL 32301

Time & Location

Date of Accident	Time of Accident	Mile Post Prefix	Mile Post Number	Mile Post Suffix	Investigating Agency Report Number	Home Accident Report Number
23 02 87	515 AM	518 AM	521 AM		87C3545	081234460

City Code: 4138 | Place: DUNEDIN | County: PINELLAS

On Road: | Feet: | From Node No.: | Approaching No. On: | No. of Lanes: 2 | Divided: | Undivided: | On Street: UNION ST

At Intersection of: MILWAUKEE AVE | Or: | Feet/Miles: | N S E W | Of Intersection of:

Section 1 — Vehicle 1

Action	Year	Make	Type	Vehicle Identification Number	State	Point of Impact
5	72	PONT	01	[redacted]	FL	2D37R22[redacted]	2

Trailer or Towed Vehicle Information:

Vehicle Traveling: N S E W On: UNION ST At: 10 Est MPH | Posted Speed: 30 | Est. Vehicle Damage: $500 (1 Disabling 2 Functional) 2 | Est. Trailer Damage: $

Insurance Co. Liability or P.I.P.: BAKER | Policy Number: 09104874 01141 | Vehicle Removed By: KEITH DAVIS (1 Tow Rotation List 2 Tow Owner's Request 3 Drive 4 Other) 3

Owner's Full Name (Check if Driver): | Address (Number and Street): | City and State: | Zip Code:

Owner's Full Name (Trailer or Towed Vehicle): | Current Address (Number and Street): | City and State: | Zip Code:

Pedestrian 1

Driver (Exactly as on Driver's License)/Pedestrian: [redacted] | Current Address (Number and Street): [redacted] | City and State: DUNEDIN FL [redacted] | Zip Code: | Date of Birth: [redacted]

Driver's License Number: [redacted] | State: FL | Lic. Type: 2 | BAC Test (1 Blood 2 Breath 3 Urine 4 Refused 5 None): 5 | Results: N/A % | Alcohol: 1 | Phys. Def.: 1 | Age: 1 | Race: 1 | Sex: 1 | Ht.: 1 | S. Equip.: 2 | Lic.: 1

Hazardous Materials Being Transported (1 None 2 Flammable Liquid 3 Explosive 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other): 1 | Driving Ability Questionable Recommend Re-Exam (1 YES 2 NO 3 NOT APPLICABLE 4 YES Explain Narrative): 2 | Driver's Phone No.: [redacted]

Passenger's Name	Current Address	City & State/Zip Code	Age	Lic.	Ht.	S. Equip.	Lic.
1							
2							
3							

Section 2 — Vehicle 2

Action	Year	Make	Type	Vehicle Identification Number	State	Point of Impact
3	85	FORD	01	[redacted]	FL.	[redacted]	1

Trailer or Towed Vehicle Information:

Vehicle Traveling: N S E W On: UNION ST At: 35 Est MPH | Posted Speed: 30 | Est. Vehicle Damage: $1000 (1 Disabling 2 Functional) 1 | Est. Trailer Damage: $

Insurance Co. Liability or P.I.P.: STATE FARM [redacted] | Policy Number: | Vehicle Removed By: PFEIFER (1 Tow Rotation List 2 Tow Owner's Request 3 Drive 4 Other) 1

Owner's Full Name (Check if Driver): | Current Address (Number and Street): | City and State: | Zip Code:

Owner's Full Name (Trailer or Towed Vehicle): | Current Address (Number and Street): | City and State: | Zip Code:

Pedestrian 2

Driver (Exactly as on Driver's License)/Pedestrian: [redacted] | Current Address (Number and Street): [redacted] | City and State: PALM HARBOR FL [redacted] | Zip Code: | Date of Birth: [redacted]

Driver's License Number: [redacted] | State: FL | Lic. Type: 1 | BAC Test (1 Blood 2 Breath 3 Urine 4 Refused 5 None): 5 | Results: N/A % | Alcohol: 1 | Phys. Def.: 1 | Age: 1 | Race: 1 | Sex: 2 | Ht.: 2 | S. Equip.: 2 | Lic.: 1

Hazardous Materials Being Transported (1 None 2 Flammable Liquid 3 Explosive 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other): 1 | Driving Ability Questionable Recommend Re-Exam (1 YES 2 NO 3 NOT APPLICABLE 4 YES Explain Narrative): 2 | Driver's Phone No.: [redacted]

Passenger's Name	Current Address	City & State/Zip Code	Age	Lic.	Ht.	S. Equip.	Lic.
1 [redacted]		CLW FL [redacted]	59	CS	2	2	1
2							
3							

Code Information

Vehicle Type
01 Passenger Vehicle
02 Passenger Van
03 Recreational
04 Truck (Light) Pickup
05 Truck (Heavy)
06 Truck-Tractor
07 Motorcycle
08 Off-Road Vehicle
09 Moped
10 Bicycle
11 Law Enforcement Vehicle
12 Fire Vehicle
13 Ambulance
14 Rescue Unit
15 Taxicab
16 Public School Bus
17 Private School Bus
18 City Transit Bus
19 Commercial Bus
20 Other Type Bus
21 Special Mobile Equipment
22 Farm Equipment
23 Government
24 Military
25 Train
26 Trailer
27 Towed Vehicle
28 Other

Residence (Driver Only)
1 County of Accident
2 Elsewhere in State
3 Non-Resident State
4 Foreign
5 Unknown

License Type
1 Operator
2 Chauffeur
3 Reciprocal
4 Motorcycle
5 None

Race
1 White
2 Black
3 Hispanic
4 Other

Sex
1 Male
2 Female

Physical Defects
1 No Defects Known
2 Eyesight Defect
3 Fatigue Asleep
4 Hearing Defect
5 Ill
6 Seizure Epilepsy Blackout
7 Other Physical Defect

Injury Severity
1 No Injury
2 Possible Injury
3 Non-Incapacitating Injury
4 Incapacitating Injury
5 Fatal Within 30 Days Injury
6 Non-Traffic Fatality

Alcohol/Drug Use
1 Not Drinking or Using Drugs
2 Alcohol-Under Influence
3 Drugs-Under Influence
4 Alcohol & Drugs-Under Influence
5 Had Been Drinking
6 Pending BAC Test Result

Safety Equipment In Use
1 Not In Use
2 Seat Belt/Shoulder Harness
3 Crash Restraint
4 Safety Helmet/Eye Protection
5 Air Bag
6 Other

Location in Vehicle
1 Front Left
2 Front Center
3 Front Right
4 Rear Left
5 Rear Center
6 Rear Right
7 In Back of Truck
8 Bus Passenger
9 Other

Ejected
1 No
2 Yes
3 Fatal

Investigator — Name and Signature: Pfc Kenneth Hilandsmith | Badge Number: 321314 | Department: DUNEDIN | FHP 3 | OTHER

HSMV 90003 (Rev 1/86)S Formerly FHP 3

4E

SECTION 3

VEHICLE NUMBER

VEHICLE AREA OF DAMAGE: 18 Undercarriage 19 Overturn 20 Windshield 21 Fire

Vehicle

VEHICLE TRAVELING N S E W At Est. MPH | Posted Speed | EST. VEHICLE DAM $ | Disabling 2 Functions | EST. TRAILER DAMAGE $

INSURANCE CO. (LIABILITY OR P.I.P.) | POLICY NUMBER | VEHICLE REMOVED BY 1 Law Enforcement 2 Tow Company Request 3 Driver 4 Other

OWNER'S FULL NAME (Check if Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

DRIVER (Exactly as on Driver's License) Pedestrian | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE | DATE OF BIRTH

DRIVER'S LICENSE NUMBER | STATE | LIC. TYPE | BAC TEST 1 Breath 2 Blood 3 Urine 4 Refused 5 None | RESULTS % | ALCOHOL | PHYS. DIS. | RES. | BAC | SEX | RACE | S. EQUIP | EJECT

Pedestrian

HAZARDOUS MATERIALS BEING TRANSPORTED 1 None 2 Flammable Liquid 3 Explosive 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other | Driving Ability Questionable RECOMMEND RE-EXAM 1 YES 2 NO 3 NOT APPLICABLE 4 YES Explain in Narrative | Driver's Phone No. ( )

PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	SEX	RACE	S. EQUIP	EJECT
1							
2							
3							

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1	$					
2	$					

CONTRIBUTING CAUSES-DRIVER PED (1 / 2 / 3)
01 Improper Driving
02 Careless Driving
03 Failed to Yield Right-of-Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol-Under Influence
08 Drugs-Under Influence
09 Alcohol & Drugs-Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed to Maintain Equip./Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side/Way
77 All Other Explain in Narrative
Entered: 03 | 01 | /

CONTRIBUTING CAUSES-VEHICLE (1 / 2 / 3)
01 No Defects
02 Defl. Brakes
03 Worn/Smooth Tires
04 Defective/Improper Lights
05 Puncture/Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment/Vehicle Defect
77 All Other Explain in Narrative
Entered: 01 | 01 | /

VEHICLE MOVEMENT (1 / 2 / 3)
01 Straight Ahead
02 Slowing/Stopped/Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Leaving/Leaving Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Veh.
77 All Other Explain in Narrative
Entered: 03 | 01 | /

VEHICLE FUNCTION (1 / 2 / 3)
01 None
02 Pulling Semi-Trailer
03 Pulling Other Veh.
04 Emergency Operation
05 Pulling Tandem Trailer/Double Bottom
06 Pulling Tank Trailer
07 Pulling House Trailer
08 Pulling Small Trailer
09 Veh. Being Towed/Pushed
10 Pulling Pole Trailer
11 Pulling Sadd. Mover
77 All Other Explain in Narrative
Entered: 01 | 01 | /

VEHICLE MODIFIED (1 / 2 / 3)
01 Yes
02 No
03 Yes Explain
03 Not Applicable
Entered: 02 | 02 | /

LOCATION ON ROADWAY (1 / 2 / 3)
01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane/Safety Zone
Entered: 01 | 01 | /

PEDESTRIAN ACTION (1 / 2 / 3)
01 Crossing Not at Intersection
02 Crossing at Intersection
03 Walking Along Road With Traffic
04 Walking Along Road Against Traffic
05 Pushing/Working on Vehicle in Road
06 Other Working in Road
07 Standing/Playing in Road
77 All Other Explain
88 Unknown
Entered: / | / | /

FIRST/SUBSEQUENT HARMFUL EVENT (F / S)
01 Collision With MV in Transport (Rear-end)
02 Collision With MV in Transport (Head-on)
03 Collision With MV in Transport (Left Turn)
04 Collision With Parked Car
05 Collision With MV in Transport (Sideswipe)
06 Collision With MV in Transport (Backing Veh.)
07 Collision With MV in Transport (Right Turn)
08 MV Hit Other Fixed Object
09 MV Hit Utility Pole/Light Pole
10 Collision With MV in Transport (Head-on)
11 Collision With Pedestrian
12 Collision With Moped
13 MV Hit Tree/Shrubbery
14 Collision With Bicycle
15 Collision With Bicycle (Bike Lane)
16 MV Ran into Ditch/Culvert
17 Ran Off Road into Water
18 Overturned
19 MV Hit Fence
20 Collision With MV on Other Roadway
21 MV Hit Sign/Sign Post
22 MV Hit Guardrail
23 Collision With Fixed Object Above Road
24 Fire
25 Collision With Animal
26 Collision With Moveable Object On Road
27 MV Hit Concrete Barrier Wall
28 MV Hit Bridge/Pier/Abutment Rail
29 Occupant Fell From Vehicle
30 Tractor Trailer Jackknifed
31 Collision With Construction Barricade/Sign in Road
32 Collision With Traffic Gate
33 Collision With Crash Attenuators
34 Collision With Train
35 Explosion
77 All Other Explain
Entered: 03 / /

ROAD SYSTEM IDENTIFIER
01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike
07 Other Full Control
08 Other Major Arterial
77 All Other Explain
Entered: 05

LIGHTING CONDITION
01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown
Entered: 01

ROAD SURFACE/CONDITION
01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other Explain
Entered: 01

WEATHER
01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other Explain
Entered: 01

ROAD SURFACE TYPE
01 Stone/Gravel/Stone
02 Blacktop
03 Brick/Block
04 Concrete
05 Dirt
77 All Other Explain
Entered: 02

CONTRIBUTING CAUSES-ROAD
01 No Defects
02 Obstruction With/Without Warning
03 Road Under Repair/Construction
04 Loose Surface Materials
05 Shoulders-Soft/Low/High
06 Holes/Ruts Unsafe Paved Edge
07 Standing Water
08 Worn/Polished Road Surface
77 All Other Explain
Entered: 01 / /

CONTRIBUTING CAUSES-ENVIRONMENT
01 Vision Not Obscured
02 Inclement Weather
03 Parked Stopped Vehicle
04 Trees/Crops/Bushes
05 Load on Vehicle
06 Building/Fixed Object
07 Signs/Billboards
08 Fog
09 Smoke
10 Glare
77 All Other Explain
Entered: 01 / /

TRAFFIC CONTROL
01 No Control
02 Speed Control Zone
03 Traffic Signal
04 Stop Sign
05 Yield Sign
06 Flashing Light
07 Railroad Signal
08 Officer/Guard/Flagman
09 Posted No U-Turn
77 All Other Explain
Entered: 02 / /

SITE LOCATION
01 Not At Intersection/RR X'ing/Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad Crossing
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot-Public
10 Parking Lot-Private
11 Private Property
77 All Other Explain
Entered: 02

TRAFFICWAY CHARACTER
01 Straight-Level
02 Straight-Upgrade/Downgrade
03 Curve-Level
04 Curve-Upgrade/Downgrade
Entered: 01

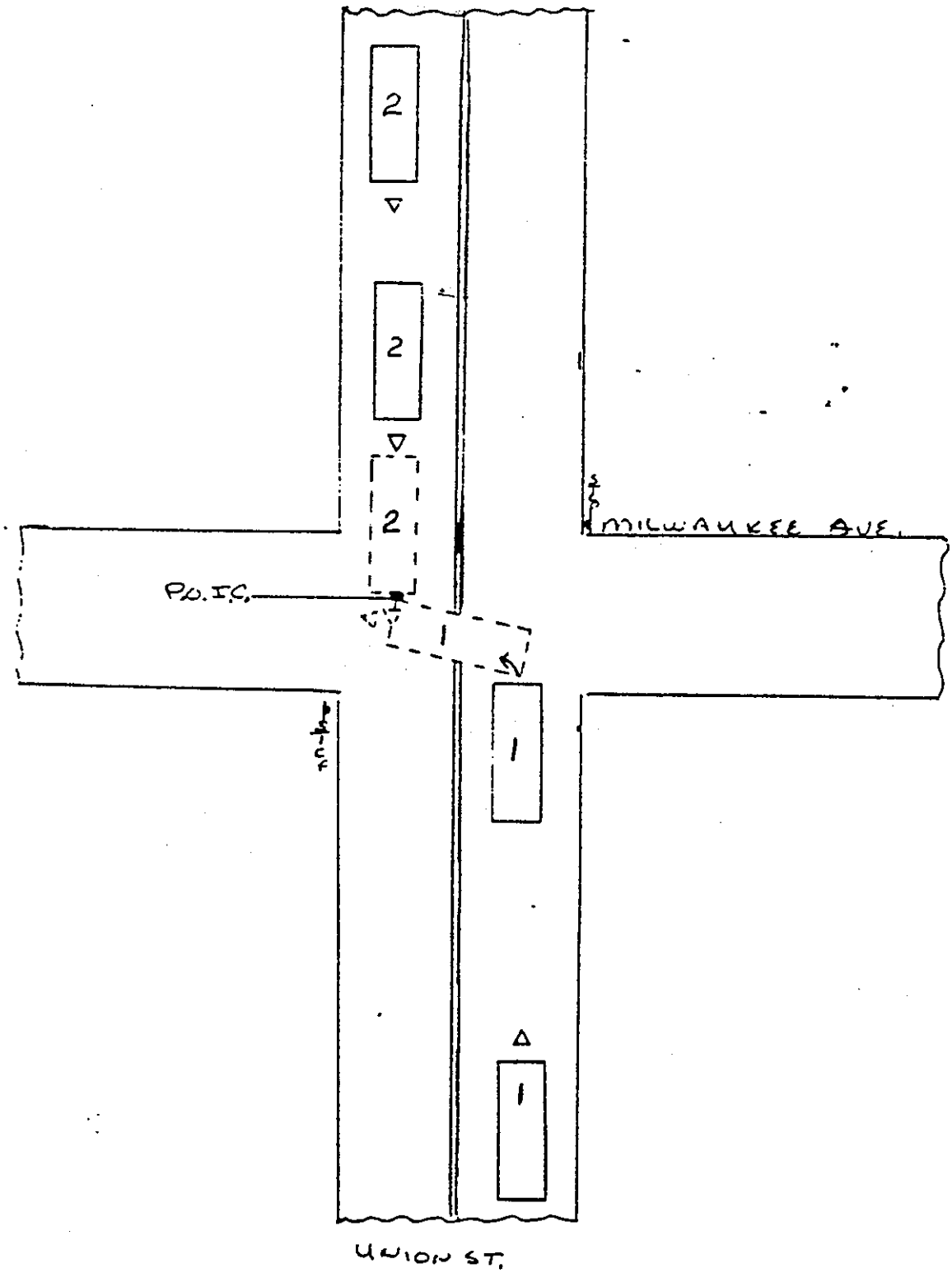
TYPE SHOULDER
01 Paved
02 Unpaved
Entered: 02

WITNESS NAME	ADDRESS	CITY & STATE	ZIP
[redacted]		DUNEDIN FL.	[redacted]
2			

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION NUMBER
1	316.128	[redacted]	FAILURE TO YIELD RIGHTOFWAY	

DIAGRAM

INDICATE NORTH WITH ARROW



NARRATIVE AND DIAGRAM
MAILING: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC ACCIDENT RECORDS, TALLAHASSEE

EM. WR. FATALS ONLY	TIME EMS NOTIFIED	TIME EMS ARRIVED	COUNTY CITY CODE	DATE OF ACCIDENT	INVES. AGENCY REPORT NUMBER	HSMV ACCIDENT REPORT NUMBER
	520 AM	524 AM	4138	03-02-87	8705545	081234460

VEHICLE #1 WAS WEST BOUND ON UNION ST TURNING LEFT ONTO MILWAUKEE AVE. VEHICLE #2 WAS EAST BOUND ON UNION ST APPROACHING THE INTERSECTION OF MILWAUKEE AVE. VEHICLE #1 WAS UNAWARE THAT VEHICLE #2 WAS APPROACHING AND CONTINUED THROUGH WITH A LEFT TURN, AND COLLIDED INTO VEHICLE #2

FIRST AID GIVEN BY - NAME		INJURED TAKEN TO	BY - NAME
Molla TODOFF	☐ 1 Physician or Nurse ☒ 2 Paramedic or EMT ☐ 3 Police Officer ☐ 4 Certified 1st Aider ☐ 5 Other	MEASE E.R.	GEORGIA ALNK

WAS INVESTIGATION MADE AT SCENE?	IS INVESTIGATION COMPLETE?	DATE OF REPORT	PHOTOS TAKEN?
☒ 1 Yes ☐ 2 No-Where?	☒ 1 Yes ☐ 2 No-Why?	03 02 87	☐ 1 Yes ☒ 2 No ☐ 3 Investigating Agency ☐ 4 Other

INVESTIGATOR - RANK AND SIGNATURE	ID BADGE NUMBER	DEPARTMENT	
Ptl KENNETH HOLLANDSWORTH	021314	DUNEDIN	1 ☐ FHP 2 ☐ SC 3 ☒ CPD 4 ☐ OTHER

HSMV 90006 (REV 3/86)S

9

[redacted]. 9039-3 FILE NO. 003535284 ORIGIN: GEN OFFICE MICRO NO. 322-2222 OPEN DATE: 12-11-1990

CUSTOMER NAME [redacted]
ADDRESS
PHONE BUS.

CITY BIRCH TREE STATE MO ZIP [redacted]
HOME [redacted]

FILE TYPE	LEGAL	STATUS	0	CLOSE DATE		DISTRICT	55
VEH MAKE MODEL YEAR	FG 1986	MILEAGE	000001	VEH IDENT	1FTBR10C8GU[redacted]	NEW-USED	
WARR START DATE	04-30-1986	DEALER	000	ZONE	Y		
PROBLEM CD1	5F	PROBLEM CD2		PROBLEM CD3		PROBLEM CD4	
SAFETY	Y	MEANS	A	CASE TYPE	1		
WARRANTY		OWNER NOT		DENIED		GOODWILL	00000
WANT TO CLOSE		ADDCO	00	TRANS DATE		TRANS DIST	
ATTORNEY NAME		CITY		STATE			
CROSS RE NAME		CITY		STATE			

OPENING COMMENTS:

COMMENT 1 OWNER CONTACT. ALLEGES VEH IN ACCIDENT ON 12/10/90 SEATBELT DID NOT HOLD. S

COMMENT 2 TS 2 PEOPLE INJURED. OWNNER SKS INVESTIGATION AND CONTACT.

COMMENT 3

CLOSING COMMENTS:

COMMENT 4

COMMENT 5

COMMENT 6

~~Sent to~~
~~Judy Smith, OGC, Rm 400 PTW per Bill Moore~~
~~FAX~~

12/20

NIF 12/21

St. Francis Hospital
Mtn. View, Mo.

[redacted]28 | Rec. No. | **EMERGENCY RECORD** | Reg. No.. 77

[redacted] | Admission Date 4 30 AM (PM) 12-10-90 | SS No. unavailable

Address [redacted] | City | State mo | Zip | Age 18 mo | Date of Birth [redacted] | Sex M (F) | Civil Status (S) M W D Sep | Rel.

Resp. Party Employer: Hickory House - Buch Tree mo | Address [redacted]

[redacted] | Relation: mother | Address: same | Phone: same

Payment Source: General (has ins thru auto ins - will settle herself) | Address | Subscriber | No.

AUTHORIZATION FOR EMERGENCY TREATMENT

The undersigned has been informed of the emergency treatment considered necessary for the patient whose name appears above and that the treatment and/or procedure will be performed by physicians and employees of the hospital. Authorization is hereby granted for such treatment, procedure and/or operation as well as release of information to _____ and assignment of benefits of same.

I also consent to the administration of such anesthetics as are necessary, with the exception of none. Any tissues or parts surgically removed may be disposed of by the hospital in accordance with accustomed practice.

The undersigned has read this authorization and understands the same and certifies that no guarantee or assurance has been made as to the results that may be obtained.

Date 12-10-90 Time 4 35 AM

Witness: [redacted] Signed [redacted]

Patient or authorized person | Relationship

BRIEF HISTORY - If accident state where, when and how injured; if illness describe: Relates was involved in MVA @ 11 30 on gravel rd. Mother ran off rd into ditch hit culvert. Mother [redacted] available for further info. Child secured in car seat. Lump noted @ (R) frontal area / temporal area. Grandmother also relates child has been rubbing ↑ ↓ (R) quads. No rigidity noted. Bowel sounds (+). Fearful of staff. Alert. Active. Skin wp. Color pink. Lungs CTA. Moves all extr. well.

Notified: Relative ☐ Police ☑ Corner ☐ @ scene this A.M.

Time _____ A.M. _____ P.M.

Last Tet. Tox. immun. ↑ to date. Temp. 97 [illegible] P. 135 R. 50 crying B.P. 84/56

Meds Taken: none. Allergies "PCN"

Seat belt in place. Child in car seat. wt. 28 lbs.

Tolerance of Treatment on Disch. well | Nurses' Signature [illegible]

PHYSICIAN'S REPORT: Condition on Admission: Stable ☑ Fair ☐ Poor ☐ DOA ☐

Physical Findings: small contusion rt. temple area abdomen soft and normal contusion

DIAGNOSIS: Contusion of face and abdomen

Orders: instruction sheet -

Treatment: observe only normal diet

COPY

NOTE: This report is strictly confidential and is for the information only of the person to whom it is addressed. No responsibility can be accepted if it is made available to any other person, INCLUDING THE PATIENT

Disposition of Case: Treat & Rel. ☐ Admit ☐ Exp. ☐ Left AMA ☐ Transfer-accepted by Doctor ☐ Hospital ☐

INSTRUCTION TO PATIENT:

Instruction Sheet Given: YES ☑ NO ☐ Kind: Head injury

Condition on Discharge: Stable ☑ Fair ☐ Poor ☐ Expired ☐

[illegible] 12-10-90

10

[redacted] / Ext. 2421

OGC

/ Legal.

customer involved in a rear end accident on 5-24-91, customer was injured and taken to Hospital by ambulance. There was a police report. Her seat belt came unlatched when she was rear ended causing further injuries. customer seeks investigation by Ford as to why seat belt would come unlatched. car is at Miller towing 208 W Waterloo, Akron OH 773-7777 towing #91-0659

The seat back broke and the steering wheel split at the bottom, customer seeks investigation of seat belts and contact from Ford.

SBD1

'91 MAY 29 A11:18
MEDIATION AND LITIGATION SECTION

CSOR0003 MORS II Basic Information 05/28/1991 13:45:15

File Type: legal CONTACT NBR:
VIN: 1FABP1347EW[redacted]
LAST NAME: [redacted] First Name: [redacted] ZIP/PC: [redacted]
Title: MI:
Address:
City: CANAL FULTON ST/PV: OH
Home Phone: [redacted] Business Phone: [redacted] Ext:
Year: 84 Model: ESCORT
Mileage/Km: 65000
Dealer Name: SALES CODE:
Causal Code: 02 Symptoms: 104200
Serv Sales: 1 (1 or 2)
Sck Code:
Comm Type: P Micro Nbr:

F1=HELP F3=EXIT F5=ADD F8=RECALL F9=ESP F10=OASIS F11=WARRANTY F12=DEALER
LPIM489

[redacted]

NIF 6/6

LOCAL REPORT NO. 91-0659 | ☐ OH-2 ☐ OH-3 | REPORTING AGENCY: Summit Co. Sheriff | N.C.I.C. 07700 | ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 91-0659

REPORT TAKEN: ☐ AT STATION ☑ AT SCENE | NO. OF VEH PEDESTRIANS INVOLVED: 3 | ACCIDENT SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☑ INJURY ☐ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS: ☑ OVER $150 ☐ UNDER $150 | HIT SKIP: ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF: Summit | IN ☐ CITY ☑ VILLAGE ☐ TWP OF: Green | DATE OF CRASH: M 5 D 24 Y 91 | DAY: Fri | TIME: MILITARY: 1645

ACCIDENT OCCURRED ON: State Route 619 | WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: 1/4 MILES: ____ FEET (N) N E S OF S. Arlington (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) [redacted]

LOC-1	LOC-2	LOC	JUR	FHE	FLT	DESC
[redacted]						

DRIVER-PEDESTRIAN-VEHICLE SECTION

M — UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☑ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: Grange

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): [redacted] | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): [redacted] Ohio [redacted]

[redacted] | AGE 25 | SEX F | SOCIAL SECURITY NO. [redacted] | STATE Oh. | DRIVER'S LICENSE NO. [redacted] | OCCUPATION: Waitress

OWNER (IF SAME AS DRIVER, WRITE SAME): [redacted] | ADDRESS: Same | PHONE: Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM	TO
19 83	Chevrolet	Celebrity	Gray	2Dr.	Oh.	[redacted]	N/A	W	E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☑ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE: ☐ NONE ☑ MODERATE ☐ LIGHT ☐ HEAVY | VEHICLE DISPOSITION: ☑ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE: ☑ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☑ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: Nation Wide

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): [redacted] | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): [redacted] Ohio [redacted] Canal Fulton,

[redacted] | AGE 57 | SEX F | SOCIAL SECURITY NO. [redacted] | STATE Oh. | DRIVER'S LICENSE NO. [redacted] | OCCUPATION: House wife

OWNER (IF SAME AS DRIVER, WRITE SAME): Same | Same | PHONE: Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM	TO
19 84	Ford	Escort	Maroon	4Dr.	Oh.	[redacted]	Millers	W	E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY | VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE: ☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
C	2	[redacted]	[redacted]	8	A 1 B 1 C 3 D E F	A 5 B 4 C 4 D E F
		[redacted]	PHONE [redacted]	SEX F		
D		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE		
		ADDRESS	PHONE	SEX		
E		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE		
		ADDRESS	PHONE	SEX		
F		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE		
		ADDRESS	PHONE	SEX		

P-PEDESTRIAN

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C 4 D E F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
5 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A 1 TESTED ☐ YES ☑ NO | B 1 TESTED ☐ YES ☑ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C 1 D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☑ NO | B 1 TESTED ☐ YES ☑ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C — INJURED TAKEN TO: Akron City Hospital | BY: Green Fire

D E F — INJURED TAKEN TO: | BY:

A — ☑ O.R.C. ☐ CITY ORD: 4511.21 Failed To Assure a clear distance — OFFENSE CHARGED AND DESCRIPTION

B — ☐ O.R.C. ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	1702	1709	1807		058

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 5 D 24 Y 91	☐ YES ☑ NO	Sgt David Harris	112	[signature]

HSY 0001 4

REPORT NO. 91-C659

DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER

UNIT 1, 2 and 3 were east bound on state Route 619. UNIT 3 in front UNIT 2 in the middle and UNIT 1 at the rear. When UNITS 2 and 3 slowed for traffic UNIT 1 ran into the rear of UNIT 2 pushing UNIT 2 into the rear of UNIT 3 damaging all three UNITS

WEATHER	1
ROAD CONDITIONS	1
LIGHT	1
ROAD CONTOUR	1
OCCURRENCE	1
SPECIAL AREA	
FIRST HARMFUL EVENT	2
LOCATION	7

WEATHER: 1 NO ADVERSE WEATHER, 2 RAIN, 3 SNOW, 4 FOG, 5 HIGH WIND, 6 OTHER

ROAD CONDITIONS: 1 DRY, 2 WET, 3 SNOW, 4 ICE, 5 DIRT/SAND, 6 OTHER

LIGHT: 1 DAYLIGHT, 2 DAWN, 3 DUSK, 4 DARK NO LIGHTS, 5 DARK-LIGHTED, 6 OTHER

ROAD CONTOUR: 1 STRAIGHT LEVEL, 2 STRAIGHT GRADE, 3 CURVE LEVEL, 4 CURVE GRADE

OCCURRENCE: 1 ON ROADWAY, 2 OFF LEFT SIDE, 3 OFF RIGHT SIDE, 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY

SPECIAL AREA: 1 ROAD CONSTRUCTION MAINTENANCE AREA, 2 SCHOOL ZONE

FIRST HARMFUL EVENT

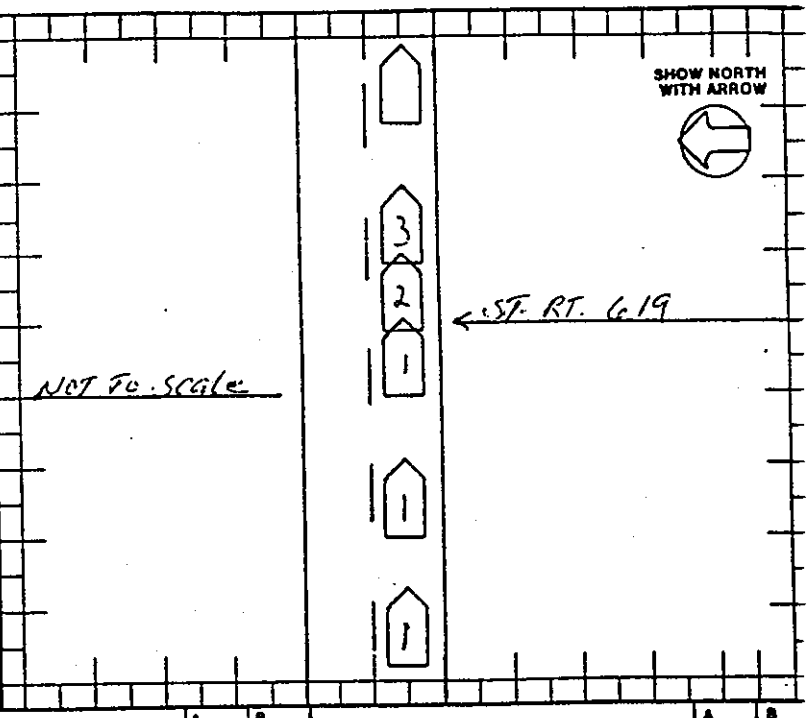
TWO MV IN TRANSPORT: 1 HEAD ON, 2 REAR-END, 3 BACKING, 4 SIDESWIPE MEETING, 5 SIDESWIPE PASSING, 6 ANGLE

ONE MV IN TRANSPORT (COLLISION): 7 PARKED MOTOR VEH, 8 PEDESTRIAN, 9 ANIMAL, 10 TRAIN, 11 PEDALCYCLE, 12 OTHER NON-M V, 13 FIXED OBJECT, 14 OTHER OBJECT

(NON-COLLISION): 15 FALL FROM OR IN VEH, 16 OVERTURNING, 17 OTHER NON-COLLISION

LOCATION: 1 [redacted], 2 [redacted], 3 [redacted], 4 [redacted], 5 [redacted], 6 [redacted], 7 [redacted], 8 [redacted]

RAMP & LETTER CODE



TYPE OF UNIT	A	B	PRE-ACCIDENT ACTIONS	A	B	CONTRIBUTING FACTOR	A	B
1	3	2		1	1		4	1

CAR: 1 SUB-COMPACT, 2 COMPACT, 3 MID SIZE, 4 FULL SIZE

TRUCK: 5 PICKUP, 6 PANEL/VAN, 7 STRAIGHT TRUCK, 8 STRAIGHT TRUCK AND TRAILER, 9 TRUCK TRACTOR, 10 TRACTOR & SEMI-TRAILER, 11 TRACTOR & DOUBLE TRAILER

MOTORCYCLE: 12 MC UP TO 350CC, 13 MC351CC TO 750CC, 14 MC OVER 751CC, 15 MOTORIZED BICYCLE

BUS: 16 SCHOOL, 17 CHURCH, 18 PUBLIC BUS

EMERGENCY: 19 POLICE VEHICLE, 20 FIRE TRUCK, 21 AMBULANCE/RESCUE

OTHER: 22 TAXI, 23 MOTOR HOME, 24 TRAIN, 25 FARM VEHICLE, 26 FARM EQUIPMENT, 27 SNOWMOBILE, 28 CONSTRUCTION EQUIP, 29 ANIMAL W/RIDER, 30 ANIMAL W/BUGGY, 31 BICYCLE, 32 ALL OTHERS

P PEDESTRIAN

DRIVER ACTIONS: 1 GOING STRAIGHT, 2 TURNING RIGHT, 3 TURNING LEFT, 4 TURNING ON RED LIGHT, 5 U TURN, 6 STOPPED TO TURN, 7 STOPPED IN TRAFFIC, 8 PARKING/UNPARKING, 9 PARKED, 10 BACKING, 11 PASSING, 12 CHANGING LANES, 13 MERGING/EXITING RAMP, 14 OUT OF CONTROL, 15 SWERVING, 16 DRIVERLESS VEH, 17 OTHER DRV ACTIONS

PEDESTRIAN ACTIONS: 18 CROSSING IN X-WALK, 19 CROSSING OTHER THAN X-WALK, 20 WALKING IN ROAD (WITH TRAFFIC), 21 WALKING IN ROAD (AGAINST TRAFFIC), 22 PLAYING IN ROAD, 23 WORKING ON ROAD, 24 ENTERING OR LEAVING VEHICLE, 25 PUSHING/WORKING ON VEH IN ROAD, 26 OTHER IN ROAD, 27 ON SIDEWALK OR SHOULDER

DRIVER ERROR: 1 NONE, 2 FAILURE TO YIELD, 3 UNSAFE SPEED, 4 FOLLOWING TOO CLOSELY OR ACDA, 5 RAN RED LIGHT, 6 RAN STOP OR YIELD SIGN, 7 IMPROPER TURN, 8 IMPROPER PASSING, 9 IMPROPER LANE CHANGE, 10 IMPROPER BACKING, 11 IMPROPER START FROM PARKED POSITION, 12 STOPPED OR PARKED ILLEGALLY, 13 LEFT OF CENTER, 14 FAILURE TO CONTROL, 15 DRIVER INATTENTION, 16 DROVE OFF ROAD REASON UNKNOWN, 17 OTHER DRIVER ERROR

NON-DRIVER FACTOR: 18 VEHICLE DEFECTS, 19 LOAD SHIFTING FALLING, SPILLING, 20 PAVEMENT DEFECT, 21 SHOULDER DEFECT, 22 DEBRIS ON ROAD, 23 DOWNED TRAFFIC SIGN/DEVICE, 24 VISION OBSTRUCTION, 25 ANIMAL ACTIONS, 26 PEDESTRIAN ACTIONS

TRAFFIC CONTROL	A	B	FIXED OBJECT STRUCK	A	B
	12	12		1	1

DRIVER: 1 NO CONTROLS, 2 STOP SIGN, 3 YIELD SIGN, 4 TRAFFIC SIGNAL, 5 TRAFFIC FLASHERS, 6 SCHOOL ZONE, 7 RAILROAD CROSSBUCKS, 8 RAILROAD FLASHERS, 9 RAILROAD GATES, 10 CONSTR BARRICADES, 11 POLICE OFFICER, 12 PAVEMENT MARKINGS, 13 OTHER

PEDESTRIAN: 14 NO CONTROLS, 15 CROSSWALK LINES, 16 WALK/DON'T WALK DEVICE

1 NONE, 2 UTILITY POLE, 3 TRAFFIC SIGN, 4 BRIDGE/CULVERT, 5 GUARD RAIL, 6 FENCE, 7 TREE, 8 SHRUBBERT, 9 CURB, 10 DITCH, 11 EMBANKMENT, 12 BUILDING, 13 MAIL BOX, 14 CONSTRUCTION BARRICADE, 15 FIRE HYDRANT, 16 OTHER OBJECT

TRUCK LOAD	A	B

1 EMPTY, 2 PERISHABLE GOODS, 3 GENERAL FREIGHT, 4 METAL/HEAVY MACHINERY, 5 HAZARDOUS GAS, 6 HAZARDOUS LIQUID, 7 HAZARDOUS SOLID, 8 RADIOACTIVE MATERIAL

TRUCK AXLES	A	B

TRACTOR-TRAILER RIGS

VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18

	A	B
PRIMARY		
SECOND-ARY		

1 TURN SIGNALS, 2 HEAD LAMPS, 3 TAIL LAMPS, 4 BRAKES, 5 STEERING, 6 TIRE/BLOWOUT, 7 WORN OR SLICK TIRE, 8 TRAILER EQUIPMENT DEFECTIVE, 9 MOTOR TROUBLE, 10 DISABLED FROM PRIOR ACCIDENT, 11 OTHER DEFECTS

SPEED			MC HELMET USE		
UNIT	EST.	LEGAL	UNIT	DRIVER	PASS
A	30/35	UP	A		
B	5	UP	B		

PLEASE CHECK TO SEE THAT ALL BOXES ARE CLEAR ENOUGH TO BE MICROFILMED.

1 NO HELMET, 2 FULL COVERAGE, 3 FULL FACIAL COVER, 4 OTHER TYPE HELMET

HSY 0001

11

OHIO TRAFFIC ACCIDENT REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	OOHS USE ONLY - DO NOT MARK ABOVE	LOCAL FILE NO.
87-46861		CANTON P.D.	07604		19894-75

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	ACCIDENT SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☑ AT SCENE	1	☐ FATAL ☑ INJURY ☐ PROPERTY DAMAGE ONLY	☑ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF		DATE OF CRASH:	DAY	TIME: MILITARY
STARK	IN ☑ CITY ☐ VILLAGE ☐ TWP OF CANTON	M 11 D 19 Y 87	THURS	1555

ACCIDENT OCCURRED ON: RD. 30 W.B. WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: ____ MILES: 1 FEET N W (E) S OF CLARENDON AVE OVERPASS (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE:

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING ☑ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT: WILLIAMSON

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): [redacted] ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): [redacted] MASS. OH.

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
[redacted]	[redacted]	37	F	[redacted]	OH	[redacted]	ST. COUNTY

OWNER (IF SAME AS DRIVER, WRITE SAME): [redacted] ADDRESS: SAME PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 79	FORD	FAIRMONT	YELL	4DR	OH	[redacted]	KRAFT	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☑ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☑ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☑ TOWED

FIRE: ☑ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. — NO. OF OCCUPANTS — OPERATING ☐ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
	M D Y						

OWNER (IF SAME AS DRIVER, WRITE SAME) — ADDRESS — PHONE

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19								FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C	WIT	[redacted]	M D Y		[redacted] MANS. OH	[redacted]	
D			M D Y				
E			M D Y				
F			M D Y				

POSITION: A 1 B C D E F

1 2 3 4 5 6 7 8 9 — P-PEDESTRIAN

INJURIES: A 3 B C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B C D E F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
5 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A 1 TESTED ☑ YES ☐ NO — B TESTED ☐ YES ☐ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☑ YES ☐ NO — B TESTED ☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

INJURED TAKEN TO: A B C D E F — BY

INJURED TAKEN TO: A B C D E F — BY

A — ☐ O.R.C. ☑ CITY ORD: 331.34 FAIL. TO CONT.

B — ☐ O.R.C. ☐ CITY ORD:

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	1559		1700	1730	91 MIN

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 11 D 19 Y 87	☐ YES ☑ NO	G. COLEMAN	211	SGT. B

HSY 0001 ® HOUGH 20-S

Describe your complaint. Please be as brief and complete as possible.

On November 19, 1987 I was involved in an auto accident going home from work. During the accident the seat belt I was wearing let go because of that I suffered broken bones in the chest and an imprint where the seat belt hit my chest - a broken arm in 3 places where the seat belt pulled against it - a fractured skull where my head hit the windshield & some broken bones in the back where it hit the handles on the door. The police officer said that if the seat belt had worked like it should I would not have been injured.

My point is that the State of Ohio says you have to wear a seat belt but the manufacturer or the state does not provide some place to test them to see if they work or not.

SEAT BELTS SHOULD WORK PROPERLY

IMPORTANT: Enclose 2 *copies* (do not send originals) of all documents relevent to your complaint; including advertising material, contracts, warranties, receipts, cancelled checks, letters, etc.

What would you consider a satisfactory solution to your complaint?

a testing place for seat belts - revoke the seat belt law - make the Ford motor company make secure belts. Payment of medical bills + loss of work.

12

This is Ann Marie Mull speaking to you from 552-7017 on August 4, 1989 at approximately 2:50 p. m.

Q. May I please have your full name
A. [redacted]
Q. [redacted] do you understand that we are recording this converstation
A. Yes I do and I also understand that I will be given a transcription of it
Q. Yes you will. May I have your home address please
A. [redacted], Houston Texas [redacted]
Q. I have an address of [redacted] have you move since then
A. Yes
Q. Ok. May I have your home phone
A. [redacted]
Q. What is your date of birth
A. [redacted]
Q. Are your married
A. No.
Q. Your social security number
A. [redacted]
Q. Ok, the report that we have indicates that you had a passenager at the time of this accident.
A. Thats correct
Q. And what is the passenger name
A. [redacted]
Q. How can I reach him
A. Ah his office number [redacted]
Q. Ah the vehicle you were driving is a 89 Ford Lariate
A. Yes
Q. That a large size vehicle is it not
A. Um huh
Q. Ah how many seats does it have
A. It has two captian chairs and its a King Cab so it has a small back seat. Just a short back seat
Q. Is there space behind - is the back seat up against the rear, I am just not really familiar with that vehicle
A. Up against the rear of what
Q. Well my report says that some ones hit broke out the back windshield I am not sure that the report is correct but
A. That is correct
Q. Is the back seat up agains the back windshield
A. Yes.
Q. I not failiar with that particular model ok. And you were rear ended by bus correct
A. It was by ____
Q. Who owns that bus
A. Ah . . A gentlemen by the name of [redacted]
Q. It wasn't like a city metro bus
A. No it was not. It was a private bus that had been - it was a size of a greyhound bus and it had been converted into a van touring bus and the bus is owned by the [redacted] who owns sort of a bus leasing company. I'm not postive but I think that they take buses and convert them and then lease to van, that my assumption.

Q. I am assuming that this ah accident was _____ that there is not a offical police report
A. Yes there is
Q. Where exactly did it happen
A. On the centeral express lane in Dallas
Q. Un huh
A. Ah I'm not sure what the exit is we had just driven into Dallas
Q. Ok. What day was this
A. June 16,
Q. Ok. Alright who was driving that the bus did - do you remember his name
A. Yes I have here - His name is [redacted]
Q. Uh huh
A. I have his address if you need
Q. Might as well
A. [redacted] in Amarillo [redacted]
Q. Ok. Were you ah stopped there - you said that your purpose that you had stopped on the express lane
A. Yes.
Q. What cause you to stop
A. Traffic
Q. Ok and then you were rear ended by the bus
A. Right we were sitting still
Q. Ok now which seat belts gave way
A. Both of the captain chairs - the front seat belts. I had mine on, [redacted] had his on and they both popped open.
Q. Who was driving
A. I was
Q. And who hit the rear window
A. [redacted] hit the rear window ah I hit just below the rear window and put a dent in the plastic there the perfect inprint of my head
Q. Has the vehicle been totally repaired
A. No.
Q. Where is it now
A. It at Champion Ford in Houston and that on Highway 6 at ah Bissonet I believe
Q. Oh - ok it said Auto parking I wasn't sure. Ah are you holding it for inspection or will you be having it repair
A. We are trying to get it repair now. They can't get it repaired ah -- they told us additional in a additional to the seat belts popping off the seats collapsed and then bolts flew every where and they can't get the right parts in for some reason
Q. It a brand new vehicle sometime the parts are hard to come by when they are brand new.
A. Un-huh
Q. Ah - ok tell me about yourself now what injuries besides the concussion have you
A. Well I have a terrible back problems I really do I use to but so that when I got rear ended were just crazy but I really do have terrible back problems I have a lot of pain in my right arm and it ah gets numb ocassionally
Q. What doctor are you seeing
A. Ah well I have seen - - we were taking to the emergency room
Q. At which hospital do you remember
A. Baylor Medical Center
Q. Ok. And what doctor are you seeing locally

A. Ah Dr. Grieder and Dr. Twomey. I am now seeing Dr. Twomey I saw Dr. Grieder right after I got back

Q. What kind of work do you do [redacted]

A. I am a _____Consulting

Q. Self employed

A. Un-huh - - I now have a long term contract - - with [redacted] for Governor Committe

Q. [redacted] who [redacted]

A. [redacted]

Q. So you going to be pretty hard to catch up with between now and November, right

A. November of 1990

Q. Yea is it another year - I been getting all sorts of things in the mail too. Ah is there anything else - oh when did you purchase the vehicle

A. Oh jee well its actually the truck actually belongs to [redacted]

Q. Oh!

A. I am a insured driver on it but its actually his truck

Q. Ok.

A. And it was purchase in ah - I believe it was November of 88

Q. Ok. From Champion Ford

A. Yes

Q. Do you know if any or what kind of repairs if any were done on the vehicle

A. Before the accident

Q. Un-huh

A. None of any it does have - it have very low mileage on it

Q. Yes I notice yea. Ok, well there is not much else I can tell you right now ah with beginning the investigation I know that the _____ people have already been involved in this having they

A. Well when I got back from Dallas and ah started thinking about the seats collapsing and the seats belts popping off I just felt that somebody at Ford needed to know that so I called - looked in the phone book and find the Ford Motor Company Customer Service or whatever and call that and just told them basically what happen then a representative called me back and told me

Q. Who did you speak with do you remember

A. Who ever the secretary was that answered the phone

Q. Ok

A. And I just left word that this is what happen and then a representative called me and I'm sorry I don't remember his name ah and then asked me about and I told him and he asked me where the truck was I told him it was at Champion Ford ah he went out to look at it and then the next thing that I heard was from the ah - notifying me that they had turned the case over to you all for investigation.

Q. Ok. Ah I think that if at all possible I am going to try to get them to do more inspection before its repaired or if they do get to repair it will you please ask them to save all parts that they take out of it.

A. Ok surely

Q. Don't let them discord anything

A. Ok

Q. And ah, because it not as if its somebody in town that we can get to go out there and look at it and I am very sure that Ford will want to have an engineer look at this so if we can't get someone here before

you want the vehicle repair just ask them to please

A. Alright

Q. And maybe I will get out there and take some good picture of it

A. I don't think there is any danger of them getting it repaired believe me ah -- I- for some reaseon they are having a bit problem getting the part they said they have order it twice and when they come in its the wrong part

Q. Who are you dealing - - Who the body shop manager out there

A. Jim Johnson

Q. Ok

A. And ah they ah order the parts for the seat the tracks are what they need and they order it for a 89 well ah they say they get them and their not the right parts

Q. Thats strange

A. So ah I don't know it really kind of strange I don't know what the deal is but they can't get it fixed

Q. Fraustration. Well is there anything else you think I need to know or should know at this point [redacted]

A. Ah you know I am of course very concern about the seat belts and as far as I can tell in the estimate they didn't

Q. I don't have a copy of that

Q. This should be the estimate that was written up for the insurance company

A. Right they did not ah include replacing the seat belt but I tell you what I sure will like to see them replaced. If they popped open once they may do it again and who knows what would happen if God forbid we were in another accident ah I would think that Ford would want to take those seat belts and test them or something

Q. You -ah they problem will that why I asking you not to have any parts discorded if you do get the vehicle repaired before I get back to Ford and see what to do whether they just want the parts sent to them or whether they want to send somebody down to inspect the whold vehicle, but of course I'm not that sure at this point that you can not have it repaired, but just save the part and I will see if they will want me to go over there and maybe photograph the vehicle as it is, now because you indicated that there are some dents and thing from the inside in it which they may or may not want to see. So, I just got

A. They had to order that panel thats right below the ah - the ah rear window

Q. Ok.

A. And I be very honesty with you I think that ah - Jim has a headache lack on the truck you know what that is - its the bars that go across the back window so that if something slides in to the cab it want dent them or whatever.

Q. Oh - no I'm not really familiar with that

A. Well that what they are and I really think that he hit that back window so hard that it broke it out and I think if he hadn't had the headache rack on that he would have been thrown totally out of that window.

Q. Umm

A. It was that hard of a hit

Q. Well that buses are

A. Oh.. 45000 pound bus if you believe me you know it
Q. What those the back end of the vehicle look like
A. Ah well it ah it hit it bad enough to shear off the bolts on the transmission _____ underneath
Q. Wow
A. It ah rammed the entire back truck into the cab you know it not - it didn't go through it it just rammed into the cab. The entire bumper - and he had a heavey duty bumper on it to which I think is one thing that saved us - save the truck from getting injure worst, it buckled on the side and ah - there was a lot of damage to it. And then of course when he hit us we hit the car in front of us and they hit the car in front of them and they hit the car in front of them.
Q. How many vehicle all together
A. The bus and four vehicles, so there was five all together
Q. Ok. Alright well thank you very much for talking with me and ah did you understand all the questions that I asked.
A. Yes
Q. And did you answer everything truthfully to the best of your knowledge
A. To the best of my knowledge
Q. Ok I'm going to turn off the recorder

H & R	Contract Veh
City Prop	City Employee Ped
City Police Veh	Incomplete
Dallas Transit	Pending

JUN 17 1989

POLICE DEPARTMENT, CITY OF DALLAS
MOTOR VEHICLE ACCIDENT REPORT

05798

Original	
Continuation	
Supplement	
Ad. Page	

PLACE WHERE ACCIDENT OCCURRED: COUNTY Dallas CITY OR TOWN Dallas JUN 22 1989

SER. NO. [redacted]

ROAD ON WHICH ACCIDENT OCCURRED 4200 N. Central Expy - US75 (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE) CONSTR. ZONE ☐ YES ☒ NO SPEED LIMIT 50

INTERSECTING STREET OR RR X'ING NUMBER (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE) CONSTR. ZONE ☐ YES ☐ NO SPEED LIMIT

NOT AT INTERSECTION 140 ☒ FT. ☒ ☐ ☐ ☐ OF Fitzhugh ☐ MI. N S E W

SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

GRID SQUARE

DPS. NO. 9174580

LOC. NW 500

CODE BC SEVERITY C

TYPE 4MVX

FAT. REC. ____ DR. REC. ____

STATUS: ____ UCR DISPO: ____ FOLLOW UP: ____ CLASSIFICATION: ____ TYPE PREM: ____

DATE OF ACCIDENT June 16 1989 DAY OF WEEK Friday HOUR 3:55 ☐ A.M. ☒ P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE

VEH. IDENT. NUMBER 8269

YEAR MODEL 1970 COLOR & MAKE Gold Silver Ford MODEL NAME B BODY STYLE Bus LICENSE PLATE [redacted] (YEAR / STATE / NUMBER)

DRIVER'S NAME [redacted] (LAST / FIRST / MIDDLE) Amarillo TX PHONE NUMBER [redacted]

DRIVER'S LICENSE [redacted] (STATE / NUMBER / CLASS/TYPE) D.O.B. [redacted] RACE W SEX M OCCUPATION Bus Driver

LESSEE ☐ OWNER ☒ [redacted] (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)) [redacted] (ADDRESS) Lake Dallas (CITY) (STATE)

PEACE OFFICER OR FIREFIGHTER ON EMERGENCY? ☒ NO ☐ YES IF YES, DESCRIBE IN NARRATIVE

LIABILITY INSURANCE ☐ YES ☒ NO INSURANCE COMPANY NAME POLICY NUMBER VEHICLE DAMAGE RATING FD-1

UNIT NO. 2 - MOTOR VEHICLE ☒ TRAIN ☐ PEDALCYCLIST ☐ PEDESTRIAN ☐ TOWED ☐ OTHER ☐

VEH. IDENT. NUMBER 1FTHX25HXKK [redacted]

YEAR MODEL 1948 COLOR & MAKE Maroon Ford MODEL NAME F-250 BODY STYLE Pu LICENSE PLATE [redacted] (YEAR / STATE / NUMBER)

DRIVER'S NAME [redacted] (LAST / FIRST / MIDDLE) Houston TX PHONE NUMBER [redacted]

DRIVER'S LICENSE [redacted] (STATE / NUMBER / CLASS/TYPE) D.O.B. [redacted] (MONTH-DAY-YEAR) RACE W SEX M OCCUPATION Consultant

LESSEE ☐ OWNER ☒ [redacted] (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)) Same as one (ADDRESS) (CITY) (STATE)

PEACE OFFICER OR FIREFIGHTER ON EMERGENCY? ☐ NO ☐ YES IF YES, DESCRIBE IN NARRATIVE

LIABILITY INSURANCE ☒ YES ☐ NO Southern Commission Co. PAP [redacted] (INSURANCE COMPANY NAME / POLICY NUMBER) VEHICLE DAMAGE RATING BD 3 FD 1

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT	NAME AND ADDRESS OF OWNER	FEET FROM CURB	DAMAGE ESTIMATE
			$

COPY REPRODUCED-3 FROM CUSTODIAL FILE

LIGHT CONDITION [1]	WEATHER [1]	SURFACE CONDITION [1]	TYPE ROAD SURFACE [2]	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	normal

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $250.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED

NAME Non CHARGE ____ CITATION NUMBER ____

NAME ____ CHARGE ____ CITATION NUMBER ____

TIME NOTIFIED OF ACCIDENT 6-16-89 (DATE) 4:10 PM (HOUR) HOW Radio TIME ARRIVED AT SCENE OF ACCIDENT 6-16-89 (DATE) 4:15 PM (HOUR)

SIGNATURE B Dillard (INVESTIGATOR'S NAME) 166 (IDENTIFICATION NUMBER) DPD (DEPARTMENT) 234 (DIST/AREA) DATE REPORT MADE 6-16-89 IS REPORT COMPLETE? ☒ YES ☐ NO

POL-01722B

S/N 1753027 1110025

SERVICE NO. 409473X

CODE FOR TYPE SPECIMEN TAKEN FOR ALCOHOL/DRUG ANALYSIS	CODE FOR TYPE RESTRAINT USED	CODE FOR INJURY SEVERITY (Use only the most serious one in the space for injury.)
A-Breath B-Blood C-Other N-None S-Refused	A-Seat Belt & Shoulder Strap B-Seat Belt & No Shoulder Strap C-Child Restraint D-Air Bag E-Other Passive Restraint N-None	K-Killed A-Incapacitating Injury - Severe injury which prevents continuation of normal activities. Includes broken or dislocated limbs, internal injuries, crushed chest, etc. B-Nonincapacitating Injury - Evident injury such as bruises abrasions, minor lacerations which do not incapacitate. C-Possible Injury - Injury which is claimed, reported or indicated by behavior, but without visible wounds. Includes limping, momentary unconsciousness or complaint of pain. N-Not Injured

UNIT NO. 1 — VEHICLE REMOVED TO: Released to owner — JUN 22 1989

DAMAGE RATING: FD-1 — BY:

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED — NAME (LAST NAME FIRST)	ADDRESS	TYPE SPECIMEN TAKEN	RESULT	TYPE RESTRAINT USED	AGE	SEX	INJURY CODE
DRIVER	See Front	Same	N	-	N	39	M	N
2								
3								
4								
5								
6								

UNIT NO. 2 (Complete only if Unit No. 2 was a motor vehicle.) — VEHICLE REMOVED TO: Auto Pound — BY: Elmale Wrecker

DAMAGE RATING: BD-3 - FD-1

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED — NAME (LAST NAME FIRST)	ADDRESS	TYPE SPECIMEN TAKEN	RESULT	TYPE RESTRAINT USED	AGE	SEX	INJURY CODE
DRIVER	See Front	Same	N	-	A	40	F	C
FR	[redacted]	Same as	N	-	A	43	M	C
9								
10								
11								
12								

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS	TYPE SPECIMEN TAKEN	RESULT	AGE	SEX	INJURY CODE
13							
14							

COPY FROM CUSTODIAL FILE

DISPOSITION OF KILLED AND INJURED

ITEM NUMBERS	TAKEN TO	BY	IF AMBULANCE USED, SHOW: TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
7-8	Baylor Hospital	Mica 281	4:04	4:10	2

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Units were traveling north on Central. Unit 2 stopped for traffic and Unit 1 collided the front to the rear of Unit 2. Unit 2 then collided the front to the rear of Unit 3. Unit 3 then collided the front to the rear of Unit 4.

DIAGRAM ☐ ONE WAY ☐ TWO WAY ☐ DIVIDED

INDICATE NORTH

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1 44	2	3
UNIT 2	1 —	2 —	3 —

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2
UNIT 2	1 —	2 —

TRAFFIC CONTROL

0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT
5-TURN MARKS
6-WARNING SIGN
7-RR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER
10-NO PASSING ZONE
11-OTHER CONTROL

1. Animal on Road - Domestic
2. Animal on Road - Wild
3. Backed Without Safety
4. Changed Lane When Unsafe
5. Defective or No Headlamps
6. Defective or No Stoplamps
7. Defective or No Tail Lamps
8. Defective or No Turn Signals
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
14. Disabled in Traffic Lane
15. Disregarded Stop and Go Signal
16. Disregarded Stop Sign or Light
17. Disregarded Turn Marks at Intersection
18. Disregarded Warning Signs at Construction
19. Distraction to Vehicle
20. Driver inattention
21. Drove Without Headlights
22. Failed to Control Speed
23. Failed to Drive in a 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. Fire 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. Oversize 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 Zone
58. Passed on Right Shoulder
59. Pedestrian Failed to Yield ROW to Vehicle
60. Speeding - Unsafe (Under Limit)
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 - Drugs
69. Wrong Side - Approach or in Intersection
70. Wrong Side - Not Passing
71. Wrong Way - One Way Road
72. Other Factor (Write in on Line Below)

H & R	Contract Veh
City Prop	City Employee Ped.
City Police Veh.	Incomplete
Dallas Transit	Pending

JUN 17 1989

POLICE DEPARTMENT, CITY OF DALLAS
MOTOR VEHICLE ACCIDENT REPORT

Original	
Combustion	
Supplement	
Ad. Page	

PLACE WHERE ACCIDENT OCCURRED: COUNTY Dallas CITY OR TOWN Dallas JUN 22 1989 SER. NO. H09473X

ROAD ON WHICH ACCIDENT OCCURRED 4200 N. Central Expy US 75 (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE) CONSTR. ZONE ☐ YES ☒ NO SPEED LIMIT 50

INTERSECTING STREET OR RR XING NUMBER (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE) CONSTR. ZONE ☐ YES ☐ NO SPEED LIMIT

NOT AT INTERSECTION 140 FT. ☐ ☐ ☐ ☐ OF Fitzhugh (☐ MI. N S E W) SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

GRID SQUARE

DPS. NO. LOC. CODE SEVERITY TYPE FAT. REC. DR. REC.

STATUS: UCR DISPO: FOLLOW UP: CLASSIFICATION: TYPE PREM:

DATE OF ACCIDENT June 16 1989 DAY OF WEEK Friday HOUR 3:55 ☐ A.M. ☒ P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE

YEAR MODEL 1983 COLOR & MAKE Blue Dodge MODEL NAME Ram BODY STYLE Pick VEH. IDENT. NUMBER 1B34D12T9F5[redacted] LICENSE PLATE [redacted]

DRIVER'S NAME [redacted] Rockwall Tx PHONE NUMBER [redacted]

DRIVER'S LICENSE [redacted] D.O.B. [redacted] RACE W SEX M OCCUPATION Const. Inspector

LESSEE ☐ OWNER ☒ [redacted] Same as above

LIABILITY INSURANCE ☒ YES ☐ NO Farmers Ins [redacted] PEACE OFFICER OR FIREFIGHTER ON EMERGENCY? ☐ NO ☐ YES IF YES, DESCRIBE IN NARRATIVE

VEHICLE DAMAGE RATING BD-2 FD-1

UNIT NO. 2 MOTOR VEHICLE ☒ TRAIN ☐ PEDALCYCLIST ☐ PEDESTRIAN ☐ TOWED ☐ OTHER ☐

YEAR MODEL 1976 COLOR & MAKE Gray Chev MODEL NAME — BODY STYLE Van VEH. IDENT. NUMBER C 9L156 V[redacted] LICENSE PLATE [redacted]

DRIVER'S NAME [redacted] Okla PHONE NUMBER [redacted]

DRIVER'S LICENSE [redacted] D.O.B. [redacted] RACE B SEX M OCCUPATION Contractor

LESSEE ☐ OWNER ☒ [redacted]

LIABILITY INSURANCE ☒ YES ☐ NO Middlesex Ins [redacted] PEACE OFFICER OR FIREFIGHTER ON EMERGENCY? ☐ NO ☐ YES IF YES, DESCRIBE IN NARRATIVE

VEHICLE DAMAGE RATING BD-1

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT	NAME AND ADDRESS OF OWNER	FEET FROM CURB	DAMAGE ESTIMATE
			$
OBJECT	NAME AND ADDRESS OF OWNER	FEET FROM CURB	DAMAGE ESTIMATE

COPY REPRODUCED-3 FROM CUSTODIAL FILE

LIGHT CONDITION	WEATHER	SURFACE CONDITION	TYPE ROAD SURFACE	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT	1-CLEAR/CLOUDY	1-DRY	1-BLACKTOP	
2-DAWN	2-RAINING	2-WET	2-CONCRETE	
3-DARK-NOT LIGHTED	3-SNOWING	3-MUDDY	3-GRAVEL	
4-DARK-LIGHTED	4-FOG	4-SNOWY/ICY	4-SHELL	
5-DUSK	5-BLOWING DUST	5-OTHER	5-DIRT	
	6-SMOKE		6-OTHER	
	7-SLEETING			
	8-HIGH WINDS			
	9-OTHER			

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $250.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☐ YES ☐ NO

CHARGES FILED

NAME CHARGE CITATION NUMBER

NAME CHARGE CITATION NUMBER

TIME NOTIFIED OF ACCIDENT DATE HOUR M HOW TIME ARRIVED AT SCENE OF ACCIDENT DATE HOUR

SIGNATURE B Pillow INVESTIGATOR'S NAME 1616 IDENTIFICATION NUMBER DPD DEPARTMENT 734 DIST/AREA DATE REPORT MADE 6-16-89 IS REPORT COMPLETE? ☒ YES ☐ NO

POL-01727B S/N 1753-27 11100

SERVICE NO 409423X

CODE FOR TYPE SPECIMEN TAKEN FOR ALCOHOL/DRUG ANALYSIS	CODE FOR TYPE RESTRAINT USED	CODE FOR INJURY SEVERITY (Use only the most serious on... ...n space for injury.)
A-Breath B-Blood C-Other N-None R-Refused	A-Seat Belt & Shoulder Strap B-Seat Belt & No Shoulder Strap C-Child Restraint D-Air Bag E-Other Passive Restraint N-None	K-Killed A-Incapacitating Injury - Severe injury which prevents continuation of normal activities. Includes broken or dislocated limbs, internal injuries, crushed chest, etc. B-Nonincapacitating Injury - Evident injury such as bruises abrasions, minor lacerations which do not incapacitate. C-Possible Injury - Injury which is claimed, reported or indicated by behavior, but without visible wounds. Includes limping, momentary unconsciousness or complaint of pain. N-Not Injured

UNIT NO 3 — VEHICLE REMOVED TO Released to operator — JUN 22 1999

DAMAGE RATING BD-2-FD1 — BY

Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED — NAME (LAST NAME FIRST)	ADDRESS	TYPE SPECIMEN TAKEN	RESULT	TYPE RESTRAINT USED	AGE	SEX	INJURY CODE
1	DRIVER	See Front	Same	N	-	A	63	M	N
2									
3									
4									
5									
6									

UNIT NO 2 (Complete only if Unit No. 2 was a motor vehicle.) — VEHICLE REMOVED TO Released to operator

DAMAGE RATING BD-1 — BY

Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED — NAME (LAST NAME FIRST)	ADDRESS	TYPE SPECIMEN TAKEN	RESULT	TYPE RESTRAINT USED	AGE	SEX	INJURY CODE
7	DRIVER	See Front	Same	N	-	N	39	M	C
8	FR	[redacted]	Same as	A	-	N	30	M	C
9									
10									
11									
12									

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

	PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS	TYPE SPECIMEN TAKEN	RESULT	AGE	SEX	INJURY CODE
13								
14								

COPY FROM CUSTODIAL FILE

DISPOSITION OF KILLED AND INJURED

ITEM NUMBERS	TAKEN TO	BY	IF AMBULANCE USED, SHOW: TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
8, 7	[redacted]	MICU 703	4:32	4:41	2

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

DIAGRAM ☐ ONE WAY ☐ TWO WAY ☐ DIVIDED

INDICATE NORTH

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 3	1 —	2 —	3 —
UNIT 1	1 —	2 —	3 —

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2
UNIT 2	1	2

TRAFFIC CONTROL

0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT
5-TURN MARKS
6-WARNING SIGN
7-RR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER
10-NO PASSING ZONE
11-OTHER CONTROL

1. Animal on Road - Domestic
2. Animal on Road - Wild
3. Backed Without Safety
4. Changed Lane When Unsafe
5. Defective or No Headlamps
6. Defective or No Stoplamps
7. Defective or No Tail Lamps
8. Defective or No Turn Signals
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
14. Disabled in Traffic Lane
15. Disregarded Stop and Go Signal
16. Disregarded Stop Sign or Light
17. Disregarded Turn Marks at Intersection
18. Disregarded Warning Signs at Construction
19. Distraction to Vehicle
20. Driver Inattention
21. Drove Without Headlights
22. Failed to Control Speed
23. Failed to Drive in a 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
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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. Fire 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. Oversize 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 Zone
58. Passed on Right Shoulder
59. Pedestrian Failed to Yield ROW to Vehicle
60. Speeding - Unsafe (Under Limit)
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 - Drugs
69. Wrong Side - Approach or in Intersection
70. Wrong Side - Not Passing
71. Wrong Way - One Way Road
72. Other Factor (Write in on Line Below)

POLICE DEPARTMENT, CITY OF DALLAS JUN 17 1989

ACCIDENT SUPPLEMENT

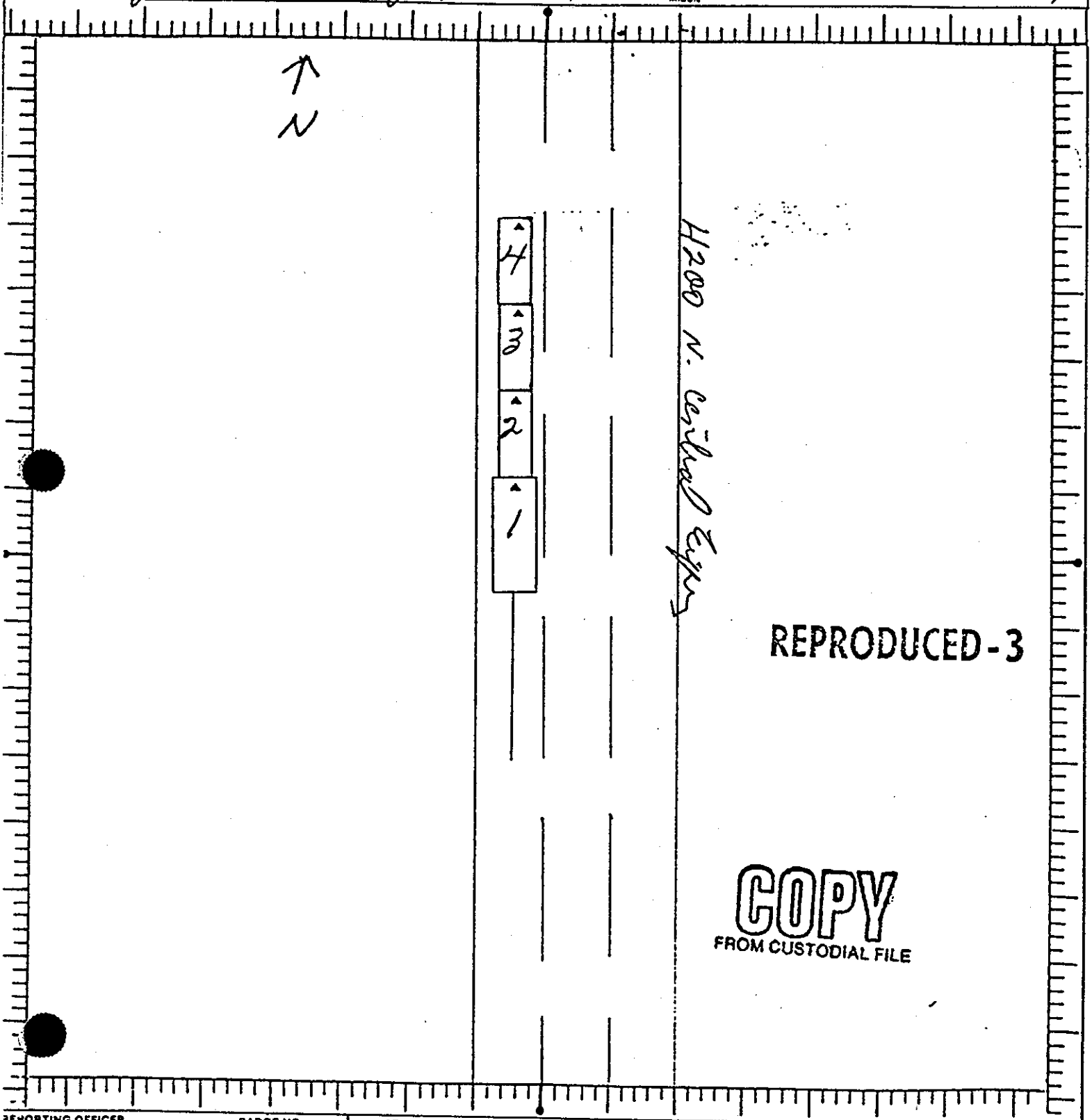
SERVICE NO 409 423X

ACCIDENT IDENTIFICATION (Copy information in this section exactly as shown on Basic Report)

COUNTY Dallas CITY OR TOWN DALLAS JUN 22 1989

Road on which Accident Occurred 4200 N. Central Expy Date of Accident June 16 1989 Hour 2:55 ☐ AM ☒ PM

Unit No. 1 Operator Johnson (Last) Jay (First) B. Miller (Middle) License Plate 441-274



REPRODUCED-3

COPY
FROM CUSTODIAL FILE

REPORTING OFFICER	BADGE NO.	STATUS (CHECK ONE)		TABULATED	UCR DISPOSITION
B. Williams	1616	☐ OPEN	☐ SUSPENDED ☐ CLOSED		
Date This Supplement Made 6-16-89		SUPERVISOR APPROVING	BADGE NO.	REVIEWER	

13

90-0866 HR

Form Approved: O.M.B. No. 2127-0008

US Department of Transportation
National Highway Traffic Safety Administration

AUTO SAFETY HOTLINE

VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 366-0123

FOR AGENCY USE ONLY

REFERENCE NO.	DATE RECEIVED
DP 355437 1990	FEB 21 AM 10 13

OWNER INFORMATION (TYPE OR PRINT)

LAST NAME	FIRST NAME & MIDDLE INITIAL	TELEPHONE NO. (Area Code) Work / Home
[redacted]	[redacted]	[redacted]

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	PHOENIX	AZ	[redacted]

SIGNATURE OF OWNER [redacted] DATE 2/15/90

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.*	VEHICLE MAKE & MODEL	MODEL YEAR
1FABP0449FW[redacted]	FORD ESCORT	1985

* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY, & STATE	ENGINE SIZE (CID/CC/L)	NO. CYLINDERS
?	3-28-88 ☐ NEW ☑ USED	PURCHASED FROM MIDWAY CHEVROLET USED CARS PHOENIX, AZ	?	4

☐ TURBO ☐ DIESEL ☑ GAS ☐ FUEL INJECTED

TRANSMISSION TYPE	CRUISE CONTROL	POWER STEERING	POWER BRAKES	AIR CONDITIONED	BODY STYLE
☐ MANUAL ☑ AUTOMATIC ☐ 3 ☐ 4 ☐ 5 (Speed)	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	STAWAG ___ 4 DR ✓ 2 DR ___ HATCH BK ✓ VAN ___ PK UP TRK ___ OTHER ___

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT/PART NAME(S)	LOCATION	FAILED PART(S)
DRIVER'S SAFETY BELT	☑ Left ☐ Right ☑ Front ☐ Rear	☑ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES	DATE(S) OF FAILURE(S) / MILEAGE(S) AT FAILURE(S) / VEHICLE SPEED AT FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
1	2/2/90 / APPROX. 33,000 MILES / BETWEEN 25-30 MPH APPROX.	☑ YES ☐ NO	☐ YES ☑ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE (Est.)	POLICE REPORT FILED
☑ YES ☐ NO	☐ YES ☑ NO	1	Ø	$3,000.00	☑ YES ☐ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

I WAS DRIVING APPROXIMATELY 30 MPH ON A TWO WAY STREET WHICH WAS ONE LANE EACH WAY. THE CAR IN FRONT OF ME STOPPED SUDDENLY. (THERE HAD BEEN A CAR DRIVING ON THE WRONG SIDE OF THE ROAD PER A WITNESS.) I SLAMMED ON MY BRAKES AND SLID INTO THE REAR OF HER CAR AT AN ANGLE. UPON IMPACT, MY SEAT BELT FLEW OFF AND I HIT THE WINDSHIELD. THE WINDSHIELD BROKE WHERE I HIT IT WITH MY HEAD. MY CHIN CAME DOWN ON THE STEERING WHEEL AND AT SOME POINT OF IMPACT MY KNEE HIT THE PANEL WHERE THE HEADLIGHT SWITCH

CONTINUE ON BACK IF NEEDED.

The Privacy Act of 1974
Public Law 93-579

This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

APR 3 0 1990

HS-Form 350 (Rev. 11-86)

Fold to show Return Address (no stamp needed) Fasten with tape . .aple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

IDENTIFICATION NO.*

T											MANUFACTURER/TIRE NAME	SIZE

The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

IS FOUND. THIS WAS DENTED IN BECAUSE OF THE FORCE IN WHICH I CAME OUT OF THE SEAT. I WAS TAKEN BY AMBULANCE TO THE EMERGENCY ROOM AT A LOCAL HOSPITAL. THEY TOOK XRAYS OF MY HEAD AND KNEE, TREATED ME AND THEN I WAS RELEASED. I HAVE SUFFERED PAIN IN MY BACK, NECK, KNEE AND HEAD. IF THE SAFETY BELT HAD WORKED I DO NOT BELIEVE I WOULD HAVE SUSTAINED ANY INJURY. INCIDENTLY, I HIT A VOLVO. THE OTHER CAR AND DRIVER WERE IN MUCH BETTER SHAPE THAN I. THE WOMAN WHO WAS DRIVING THE OTHER CAR SUSTAINED NO INJURIES. HER SAFETY BELT STAYED FASTENED. IT WAS SUGGESTED TO ME BY MY INS. CO. TO CONTACT YOU WITH THIS INFO. THE WEEK BEFORE MY ACCIDENT A 1986 ESCORT HAD THE SAME PROBLEM WITH THE SEAT BELT AS REPORTED BY MY INSURANCE CO. I AM NOT ABLE TO SUPPLY YOU WITH THE EXACT ODOMETER READING. THE CAR IS IN THE SHOP WAITING FOR WORD FROM THE INSURANCE CO.

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

PHOENIX, AZ 850 PM 16 FEB 1990

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

ARIZONA TRAFFIC ACCIDENT REPORT

FORWARD COPY TO
ARIZONA DEPARTMENT OF TRANSPORTATION
TRAFFIC RECORDS UNIT 105-T
1739 W. JACKSON ST PHOENIX, ARIZONA 85007

INJURY SEVERITY CLASSIFICATION
1 NO INJURY
2 POSSIBLE INJURY
3 NON-INCAPACITATING EVIDENT
4 INCAPACITATING
5 FATAL
6 UNKNOWN

REPORT ID — DATE: YEAR 90 MONTH 02 DAY 02 HOUR 0823 — AGEN. USE

AGENCY REPORT NUMBER 61925

9002770

NCIC NO. 0723 — OFFICER'S ID NO. A2119 — DAY OF WK 6 — 25 — TOTAL NO. OF SHEETS 1

2 TOTAL UNITS 2 — TOTAL INJURIES 2 — TOTAL FATALITIES 0 — ESTIMATED TOTAL DAMAGE ☒ OVER MINIMUM ☐ UNDER MINIMUM ☐ FATAL ☐ HIT/RUN ☐ GOVT. PROP. — DISTRICT OR GRID NO. 09

3 LOCATION

NAME OF STREET OR HIGHWAY: ON W. Butler — ☒ INSIDE ☐ OUTSIDE — CITY: Phoenix — COUNTY: Maricopa

INTERSECTING STREET, ROAD /M.P. OR R.P.: ☐ AT ☒ FROM N. 22 Ave — ☐ NORTH ☐ EAST ☐ SOUTH ☒ WEST — ☐ PLUS ☐ MINUS — DISTANCE 42 — ☐ MILES ☒ FEET

4 TRAFFIC UNIT NO. 1

STATE Az — CLASS 2 — LICENSE OR SOCIAL SECURITY NUMBER [redacted] — ☒ DRIVER ☐ PEDESTRIAN ☐ PEDALCYCLIST — NAME [redacted] — SEX F — INJ 4

RESTRICTIONS — DATE OF BIRTH [redacted] — ADDRESS [redacted] — CITY Phx. Az [redacted] — STATE [redacted]

PLATE NUMBER [redacted] — STATE Az — YEAR 90 — ☒ SAME AS DRIVER — OWNER'S NAME — ADDRESS — CITY — STATE

COLOR Red — YEAR 85 — MAKE Ford — BODY STYLE Escort 2H — ☐ CAMPER — VIN 1FABP0449FW[redacted] — RESTRAINT USED ☒ YES ☐ NO ☐ UNK

REMOVED TO Bell Ford — REMOVED BY R.P.M. — ORDERS OF owner — POSTED SPEED LIMIT 30 — OFC EST SPEED 30 — OFC EST REAS 0

TRAILER (OTHER UNIT) PLATE NO. — STATE — YEAR — DESCRIPTION OF TRAILER OR OTHER UNIT — DR'S EST SPEED 30

TRAFFIC UNIT NO. 2

STATE Az — CLASS 2 — LICENSE OR SOCIAL SECURITY NO. [redacted] — ☒ DRIVER ☐ PEDESTRIAN ☐ PEDALCYCLIST — NAME [redacted] — SEX F — INJ 2

RESTRICTIONS — DATE OF BIRTH [redacted] — ADDRESS [redacted] — CITY Phx. Az [redacted] — STATE [redacted]

PLATE NUMBER [redacted] — STATE Az — YEAR 90 — ☐ SAME AS DRIVER — OWNER'S NAME — ADDRESS — CITY — STATE

COLOR whi — YEAR 84 — MAKE Volv — BODY STYLE 4dr. GL — ☐ CAMPER — VIN YV1AX8843E2[redacted] — RESTRAINT USED ☒ YES ☐ NO ☐ UNK

REMOVED TO Service — REMOVED BY driver — ORDERS OF owner — POSTED SPEED LIMIT 30 — OFC EST SPEED 0 — OFC EST REAS 0

TRAILER (OTHER UNIT) PLATE NO. — STATE — YEAR — DESCRIPTION OF TRAILER OR OTHER UNIT — DR'S EST SPEED 0

5 PASSENGERS

SEATING POSITION DIAGRAM

07	04	01
08	05	02 ▶
09	06	03

10 NOT IN PASSENGER COMPART.
11 MOTORCYCLE, BUS.
12 OTHER
13 UNKNOWN
14 PEDALCYCLE

RU- RESTRAINT USED Y-YES N-NO UN-UNK — HU- HELMET USAGE Y-YES N-NO UK-UNK

INJURED TAKEN TO/BY [redacted] / own care
[redacted] / Phx. Fire Dept

UNIT#	SEAT POS	RU	NAME	ADDRESS	CITY	STATE	HU	AGE	SEX	INJ

6 OTHER PROPERTY DAMAGE (DESCRIBE)

OWNER'S NAME — ADDRESS — CITY — STATE — TELEPHONE NUMBER

7 WITNESSES

NAME	ADDRESS	CITY	STATE	TELEPHONE NUMBER	AGE
[redacted]	[redacted]	Phx. Az [redacted]		[redacted]	—

8 ARRESTS

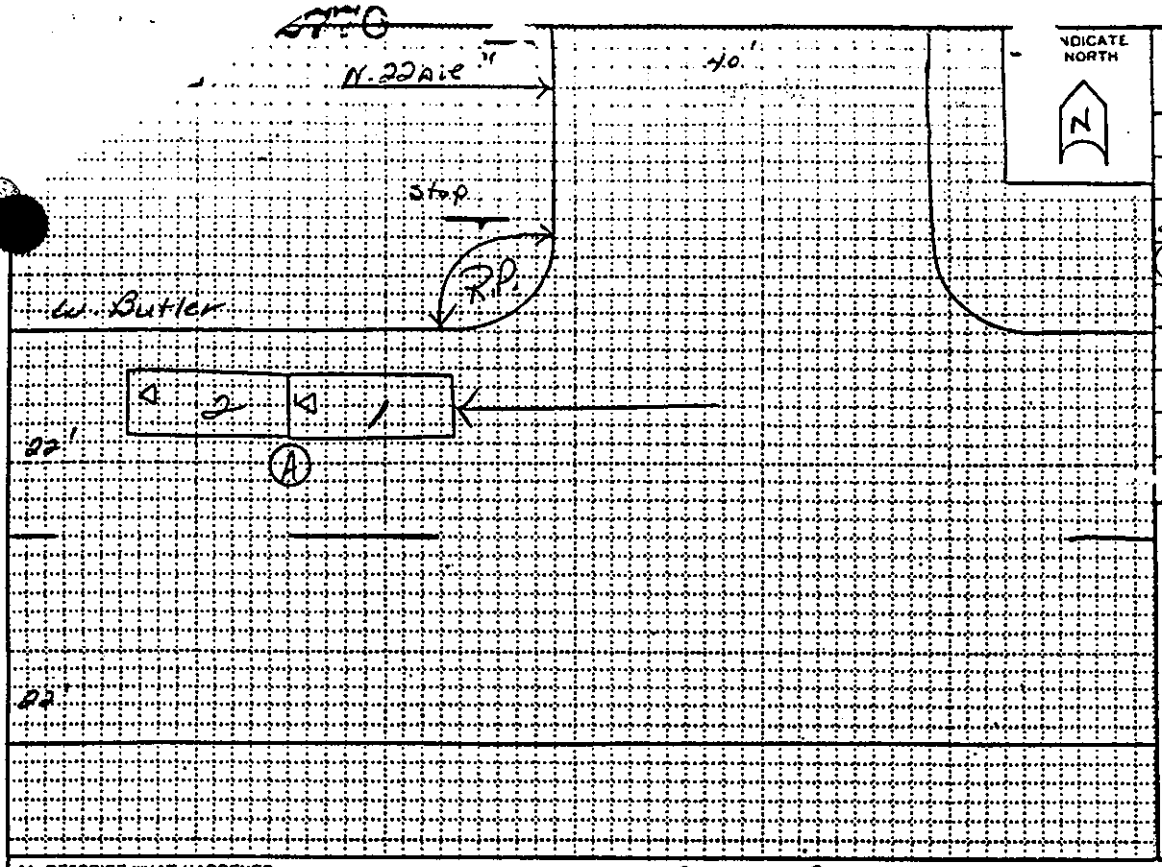
NAME	A.R.S. NO. OR CITY CODE	CITATION/ARREST NUMBER(S)
[redacted]	[redacted]	[redacted]

9

PHOTOS TAKEN ☐ YES ☒ NO — PHOTOGRAPHER'S NAME, ID NUMBER, AND AGENCY — INVEST AT SCENE ☒ YES ☐ NO — DATE INVEST. 2-2-90 — TIME INVEST 0824

OFFICER'S SIGNATURE AND ID NUMBER Roxanne Salas A2119 — AGENCY Phx. P.D. — DATE COMPLETED 2-2-90

1 ● 01-2704 R3/89



INDICATE NORTH

12 - SKIDDING OCCURED: YES X NO — INDICATE WHICH VEHICLES SKIDDED BY NUMBER

13 - ACCIDENT MEASUREMENTS

R.P. NWC. N. 22 Ave + W. Butler
(A) PI 18'S 22'W
PI by debris + P.R. veh #1

15 - CLASSIFICATION BY TYPE

YES NO
☐ ☒ RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT

COLLISION BETWEEN A MOTOR VEHICLE IN TRANSPORT AND
1 ☐ PEDESTRIAN
2 ☒ MOTOR VEHICLE
3 ☐ RAILWAY TRAIN
4 ☐ PEDALCYCLIST
5 ☐ ANIMAL
6 ☐ FIXED OBJECT
7 ☐ OTHER OBJECT

NONCOLLISION INVOLVING A MOTOR VEHICLE IN TRANSPORT
8 ☐ OVERTURNING
9 ☐ OTHER NONCOLLISION

14 - DESCRIBE WHAT HAPPENED

veh #1 W/B 2200 W. Butler failed to control speed of vehicle to avoid colliding with rear of veh #2 stopped W/B 2000 W. Butler. veh #2 stopped to avoid veh 4 E/B 2200 W. Butler traveling left of center.

Veh X: TAN or yellow Camaro Poss. Lic. [redacted]

16 - LIGHT CONDITION
CHECK ONLY ONE
1 ☒ DAYLIGHT
2 ☐ DAWN OR DUSK
3 ☐ DARKNESS

YES NO
1 ☐ ☐ STREET LIGHT
2 ☐ ☐ STREET LIGHT FUNCTIONING

17 - WEATHER CONDITIONS
CHECK ONLY ONE
1 ☒ CLEAR
2 ☐ RAINING
3 ☐ CLOUDY
4 ☐ SNOWING
5 ☐ STRONG WIND
6 ☐ DUST
7 ☐ FOG

18 - ROAD SURFACE TYPE
CHECK ONLY ONE
1 ☒ ASPHALT
2 ☐ CONCRETE
3 ☐ GRAVEL
4 ☐ DIRT
5 ☐ OTHER

19 - TYPE OF LOCATION
CHECK ONLY ONE
1 ☐ INTERSECTION
2 ☐ JUNCTION AREA
3 ☒ NON-JUNCTION AREA
4 ☐ DRIVEWAY ACCESS
5 ☐ ALLEY ACCESS

20 - INTERSECTION RELATED
☐ YES ☒ NO

21 - SPECIAL LOCATION
CHECK ONLY ONE
1 ☐ SCHOOL CROSSING
2 ☐ PEDESTRIAN CROSSWALK (STRIPED)
3 ☐ PEDESTRIAN CROSSWALK (NO STRIPING)
4 ☐ BRIDGE
5 ☐ TUNNEL
6 ☐ R R CROSSING
7 ☐ ALLEY
8 ☐ BIKE PATH
9 ☐ 2-WAY LEFT TURN LANE

22 - UNUSUAL ROAD CONDITION
CHECK ONLY ONE
1 ☐ UNDER CONSTRUCTION, TRAFFIC ALLOWED
2 ☐ UNDER CONSTRUCTION, NO TRAFFIC ALLOWED
3 ☐ UNDER REPAIRS
4 ☐ HOLES, RUTS, BUMPS
5 ☐ OBSTRUCTION - PROTECTED
6 ☐ OBSTRUCTION - UNPROTECTED
7 ☐ OBSTRUCTION - UNLIGHTED AT NIGHT
8 ☐ DEFECTIVE SHOULDERS
9 ☐ CHANGING ROAD WIDTH
10 ☐ FLOODED
11 ☐ TEMPORARY LANE CLOSURE

23 - TRAFFIC CONTROL DEVICES
LEGEND: A - DEVICE PRESENT
B - DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT
CHECK ANY THAT APPLY

	A	B	
1	☐	☐	STOP AND GO SIGNAL
2	☐	☐	YIELD SIGN
3	☐	☐	STOP SIGN
4	☐	☐	WARNING SIGN
5	☐	☐	RAILROAD SIGNAL
6	☐	☐	FLASHING SIGNAL
7	☐	☐	FLAGMAN OR OFFICER

24 - NON-INTERSECTION ROAD CHARACTER
CHECK ONLY ONE
1 ☒ 2-WAY STRIPED CENTERLINE
2 ☐ 2-WAY, NO STRIPE
3 ☐ 2-WAY, PAINTED MEDIAN
4 ☐ 2-WAY, RAISED MEDIAN
5 ☐ 2-WAY, BARRIER MEDIAN
6 ☐ 2-WAY, DEPRESSED MEDIAN
7 ☐ 2-WAY, EXTENDED MEDIAN
8 ☐ 1-WAY STREET

25 - ROAD GRADE
CHECK ONLY ONE
1 ☒ LEVEL
2 ☐ DOWNGRADE
3 ☐ UPGRADE
4 ☐ HILLCREST
5 ☐ DIP

26 - UNUSUAL ROAD SURFACE CONDITION
CHECK ONLY ONE
1 ☒ WET
2 ☐ LOOSE SAND, DIRT OR GRAVEL
3 ☐ SNOWY ICY
4 ☐ FRESH OIL
5 ☐ OTHER
6 ☐ UNKNOWN

27 - PHYSICAL CONDITION
TWO CHOICES PER PERSON MAY BE SELECTED

	1	2	
1	☒	☒	NO APPARENT DEFECTS
2	☐	☐	HAD BEEN DRINKING
3	☐	☐	APPEARED TO BE UNDER INFLUENCE OF DRUGS
4	☐	☐	ILL - ABILITY INFLUENCED
5	☐	☐	SLEEPY - FATIGUED
6	☐	☐	OTHER BODILY DEFECTS, INFIRMITIES
7	☐	☐	UNKNOWN

28 - VIOLATIONS / BEHAVIOR
TWO CHOICES PER PERSON MAY BE SELECTED

	1	2	
1	☐	☐	~~NO IMPROPER DRIVING~~
2	☒	☐	SPEED TOO FAST FOR CONDITIONS
3	☐	☐	EXCEEDED LAWFUL SPEED
4	☐	☐	FAILED TO YIELD RIGHT-OF-WAY
5	☐	☐	FOLLOWED TOO CLOSELY
6	☐	☐	RAN STOP SIGN
7	☐	☐	DISREGARDED TRAFFIC SIGNAL
8	☐	☐	MADE IMPROPER TURN
9	☐	☐	DROVE IN OPPOSING TRAFFIC LANE
10	☐	☐	KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT
11	☐	☐	REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED
12	☐	☐	PASSED IN NO PASSING ZONE
13	☐	☐	UNSAFE LANE CHANGE
14	☐	☐	OTHER UNSAFE PASSING
15	☒	☐	INATTENTION
16	☐	☐	DID NOT USE CROSSWALK
17	☐	☐	WALKED ON WRONG SIDE OF ROAD
18	☐	☐	OTHER
19	☐	☐	UNKNOWN

29 - VEHICLE CONDITION
TWO CHOICES PER VEHICLE MAY BE SELECTED

	1	2	
1	☐	☒	NO APPARENT DEFECTS
2	☐	☐	DEFECTIVE BRAKES
3	☐	☐	DEFECTIVE STEERING
4	☐	☐	DEFECTIVE HEADLIGHTS
5	☐	☐	DEFECTIVE TAIL LIGHTS
6	☐	☐	DEFECTIVE TURN-SIGNAL
7	☐	☐	PUNCTURE OR BLOWOUT
8	☐	☐	ONE OR MORE SMOOTH TIRES
9	☐	☐	FIRE
10	☐	☐	DEFECTIVE WINDSHIELD WIPER
11	☐	☐	DEFECTIVE EXHAUST SYSTEM
12	☒	☐	OTHER DEFECTS Seat belt
13	☐	☐	NO TRAILER BRAKES
14	☐	☐	UNKNOWN

30 - TRAFFIC UNIT ACTION
CHECK ONE PER UNIT

	1	2	
1	☒	☐	GOING STRAIGHT AHEAD
2	☐	☐	SLOWING IN TRAFFICWAY
3	☐	☒	STOPPED IN TRAFFICWAY
4	☐	☐	MAKING LEFT TURN
5	☐	☐	MAKING RIGHT TURN
6	☐	☐	MAKING U TURN
7	☐	☐	ENTERING ALLEY OR DRIVEWAY
8	☐	☐	LEAVING ALLEY OR DRIVEWAY
9	☐	☐	OVERTAKING/PASSING
10	☐	☐	CHANGING LANES
11	☐	☐	BACKING
12	☐	☐	AVOIDING VEHICLE, OBJECT, PEDESTRIAN
13	☐	☐	ENTERING PARKING POSITION
14	☐	☐	LEAVING PARKING POSITION
15	☐	☐	PROPERLY PARKED
16	☐	☐	IMPROPERLY PARKED
17	☐	☐	DRIVERLESS MOVING VEHICLE
18	☐	☐	CROSSING ROAD
19	☐	☐	WALKING WITH TRAFFIC
20	☐	☐	WALKING AGAINST TRAFFIC
21	☐	☐	STANDING
22	☐	☐	LYING
23	☐	☐	GETTING ON OR OFF VEHICLE
24	☐	☐	WORKING ON OR PUSHING VEHICLE
25	☐	☐	WORKING ON ROAD
26	☐	☐	OTHER
27	☐	☐	UNKNOWN

31 - VISION OBSCUREMENT
CHECK ONE PER UNIT

	1	2	
1	☒	☐	NOT OBSCURED
2	☐	☒	BY PARKED STOPPED VEHICLE
3	☐	☐	BY MOVING VEHICLE
4	☐	☐	BY BUILDING
5	☐	☐	BY EMBANKMENT
6	☐	☐	BY SIGNBOARD
7	☐	☐	BY HILLCREST
8	☐	☐	BY LOAD ON VEHICLE
9	☐	☐	BY TREES, BUSHES
10	☐	☐	BY HEADLIGHT
11	☐	☐	BY SUN GLARE
12	☐	☐	BECAUSE OF BAD WEATHER
13	☐	☐	OTHER
14	☐	☐	RAIN, SNOW, FOG ON WINDSHIELD
15	☐	☐	WINDSHIELD OBSCURED - OTHER
16	☐	☐	UNKNOWN

32 - MOTORCYCLE HELMET USED
CHECK ONE PER UNIT

	1	2	
	☐	☐	YES
	☐	☐	NO
	☐	☐	UNKNOWN

14

****** LEGAL INVESTIGATION REPORT ******
****

LY[redacted]82-S FILE NO. 003370927 ORIGIN: GEN OFFICE MICRO NO. - OPEN DATE: 07-26-1990

TOMER NAME [redacted]
RESS
NE BUS.

CITY COLUMBUS STATE GA ZIP [redacted]
HOME [redacted]

E TYPE LEGAL STATUS 0 CLOSE DATE DISTRICT 3B

HAKE MODEL YEAR SB 1986 MILEAGE 030000 VEH IDENT 1HE3P87U4GG[redacted] NEW-USED
START DATE 06-26-1987 DEALER 115 ZONE C
LEM CD1 5F PROBLEM CD2 PROBLEM CD3
TY Y MEANS A CASE TYPE 1 PROBLEM CD4
ANTY OWNER NOT DENIED
TO CLOSE ADDCO 00 TRANS DATE GOODWILL 00000
TRANS DIST

NEY NAME CITY STATE
RE NAME CITY STATE

NG COMMENTS:
COMMENT 1 CUST STS WORE HER SEAT BELT AND WHEN SHE GOT INTO AN ACCIDENT THE BELT SNAP
COMMENT 2 PED INTO PIECES, CAUSING HER TO SLAM INTO DASHBOARD AND STEERING WHEEL. CUS
[redacted]ENT 3 T STS HAS PERMANENT NERVE DAMAGE TO FACE, NECK AND RIGHT SIDE OF BODY. CU

G COMMENTS:
COMMENT 4

COMMENT 5

COMMENT 6

08/06/90
[redacted]26 AM

FORD PARTS AND SERVICE DIVISION
TERRITORY MANAGEMENT SYSTEM
CALL REPORT

Actual Date: 07/24/90
Planned Date: 07/24/90
Date Written: 08/06/90
Status: OPEN

Zn Mgr: Debbie Domhoff

OR :Owner Relations

D. Domhoff

Routing - Ford Parts and Service

	Act	Info	Initials
District Manager	--	--	------
Service Operations Manager	--	--	------
Parts Sales Manager	--	--	------
Field Service Manager	--	--	------
Technical Service Manager	--	--	------
Owner Relations Manager	--	--	------
I.C. Sales Manager	--	--	------
P & S Development Manager	--	--	------
Administrative Manager	--	--	------
	--	--	------
	--	--	------

Owner Relations (OR)

SUBJECT
[redacted]L CASE
[redacted] #003370927

CUSTOMER INFORMATION
[redacted]
COLUMBUS, GA [redacted]

VEHICLE INFORMATION
86 SABLE
VIN-1MEBP87U4G[redacted]
WSD-[redacted]
APPROX. MLG.-30,000

DETAILS
I MET WITH THE CUSTOMER AT QUALITY FORD,EVEN THOUGH SHE DID NOT HAVE AN ARRANGED APPOINTMENT.
SHE PURCHASED THE VEHICLE FROM GATEWAY L/M. THIS WAS/IS HER SERVICING DEALER AS WELL.
I QUESTIONED HER ABOUT THE ALLEGED ACCIDENT,AND SHE PROVIDED THIS INFORMATION:
DATE- MAY 21,1989
WHEN- 12:00 A.M.
WHERE- VICTORY DR.,TRAVELING APPROX. 45-50 MPH
CONDITIONS-DARK,DRY.
PASSENGERS-1
T[redacted] CUSTOMER CLAIMS SHE PASSED THROUGH A LIGHT,AND MADE AN EMERGENCY STOP DUE [redacted]D ANOTHER VEHICLE BEING IN HER PATH OF TRAVEL. WHEN SHE MADE THE EMERGENCY STOP,SHE STATES HER SEATBELT UNBUCKLED,AND HER FACE HIT THE STEERING WHEEL.
THERE WAS NO PROPERTY DAMAGE,OR REPORTS OF INJURY TO PASSENGER. CUSTOMER CLAIMS SHE WAS ABLE TO STOP IN TIME,AND DID NOT COLLIDE WITH THE OTHER VEHICLE (THUS-NO ACCIDENT REPORT).
CUSTOMER STATES SHE HAS NERVE DAMAGE TO HER FACE/NECK ON THE RIGHT SIDE OF HER

00338-4 AIRPORT FORD, INC. ATLANTA, GA

Owner Relations (OR) continued

ACTIONS TAKEN

I ASKED THE CUSTOMER TO PRODUCE ANY MEDICAL RECORDS SHE HAS TO FORWARD WITH THE FILE..SHE HAD NONE.

I CONTACTED GATEWAY L/M AND SPOKE WITH MARK BECK(P/S DIRECTOR),AND DAN SNOW (DEALER). THEY STATE THE FOLLOWING:
THE CUSTOMER TRADED OUT OF THIS VEHICLE MAY 89-SHORTLY AFTER ALLEGED INCIDENT OCCURRED-INTO ANOTHER LINCOLN PRODUCT.
I REQUESTED COPIES OF THE SERVICE FILE...THEY CANNOT LOCATE SERVICE FILE AT THIS TIME. I HAVE ASKED THAT THEY CONTINUE SEARCHING FOR IT.

RECOMMENDATIONS

I DO NOT RECOMMEND ANY FURTHER ACTION AT THIS TIME,BASED ON THESE FACTS:
THE CUSTOMER NO LONGER HAS THE VEHICLE,THUS WE CANNOT CONDUCT TESTING. (PLEASE NOTE...SHE TRADED VEHICLE OVER 1 YR AGO).
THE CUSTOMER DOES NOT HAVE THE PARTS (PLEASE NOTE,SHE BROUGHT A SEATBELT IN FROM A FRIEND'S TAURUS,AND WANTED ME TO INSPECT THAT...CLAIMING THE SAME THING HAPPENED TO HER FRIEND-I REFUSED...THIS PART IS NOT FROM THE CUSTOMER VEHICLE,THUS ,NOT PERTINENT TO THIS CASE).
THE CUSTOMER WAS UNABLE TO PROVIDE ANY PROOF OR RECORDS OF MEDICAL TREATMENT.

15

FILED
ALAMEDA COUNTY
JUL 7 1989
RENE C. DAVIDSON, County Clerk
By [illegible]

PAUL ANTHONY HULBURT
CHERYL LEE HULBURT
760 Chelmsford Lane
Vacaville, California 95688
Telephone: (707) 448-5599

Plaintiffs in Propria Persona

SUMMONS ISSUED

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF ALAMEDA

PAUL ANTHONY HULBURT
and CHERYL LEE HULBURT,

Plaintiffs,

vs.

FORD MOTOR COMPANY, ED
CHOVANES FORD, and
DOES 1 through 50, Inclusive,

Defendants.

NO.

COMPLAINT FOR DAMAGES
(Wrongful Death)

Plaintiffs PAUL ANTHONY HULBURT and CHERYL LEE HULBURT complain and allege against defendants, and each of them, as follows:

FIRST CAUSE OF ACTION
(Negligence)

1. The true names or capacities, whether individual, corporate, associate or otherwise, of defendants DOES 1 through 50, inclusive, are unknown to plaintiffs at this time, who, therefore, sue said defendants by such fictitious names, and when the true names and capacities of said defendants have been ascertained, plaintiffs will amend this complaint accordingly. Plaintiffs are informed and believe and thereon allege that each

JUL 7 1989

selling, inspecting, servicing, repairing, marketing, warranting, testing, equipping, and advertising Ford Escort automobiles, and each and every component part thereof.

6. At all times mentioned herein, defendants, and each of them, negligently and carelessly manufactured, designed, leased, distributed, advertised, marketed, warranted, inspected, installed, repaired, fabricated, modified, serviced, assembled, sold, tested, failed to test, failed to disclose testing results, failed to recall or correct, and failed to advise or warn of defects either before or after sale of the said Ford Escort automobile, and each and every component part thereof, in that same were capable of causing and did, in fact, cause personal injuries and death to the user and consumer thereof while being used in a manner reasonably foreseeable, thereby rendering the same unsafe and dangerous for use by the consumer, user or bystander, including said decedent.

7. On or about July 10, 1988, decedent, Michelle Diane Hulburt, was operating her 1988 Ford Escort automobile along and upon Chrisman Road at a point thereon approximately 580 feet north of California Aqueduct, in said county and state. At said time and place, said decedent was wearing the seat belts in said Ford Escort automobile. At said time and place, the said Ford Escort automobile rolled over, the seat belts disengaged and allowed and caused the decedent to be ejected from the said Ford Escort automobile and to suffer injuries from which she died.

8. As a direct and proximate result of the carelessness and negligence and other acts and omissions of the defendants, as aforesaid, and each of them, the incident described herein was proximately caused to occur which resulted in the death of said

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CIT	JUDICIAL DISTRICT	NUMBER
	0	☐	UNINC.	TRACY	266-7-88-14
	NUMBER KILLED	HIT & RUN MISD.	COUNTY / REPORTING DISTRICT	BEAT	
	1	☐	SAN JOAQUIN	23	

LOCATION

COLLISION OCCURRED ON: CHRISMAN RD (CA)

MO. 7 DAY 10 YEAR 88 | TIME (2400) 0400 | NCIC # 9266 | OFFICER I.D. 7437

MILEPOST INFORMATION: FEET/MILES OF MILEPOST

DAY OF WEEK: (S) M T W T F S | TOW AWAY ☒ YES ☐ NO | PHOTOGRAPHS BY:

☐ AT INTERSECTION WITH

☒ OR: 580 FEET/[redacted] N OF CALIFORNIA AQUADUCT | STATE HWY REL ☐ YES ☒ NO | ☒ NONE

PARTY 1

DRIVER'S LICENSE NUMBER: [redacted] | STATE: CA | CLASS: 3 | SAFETY EQUIP.: N | VEH. YR.: 88 | MAKE / MODEL / COLOR: FORD ESCORT GT WHT | LICENSE NUMBER: [redacted] | STATE

DRIVER ☒ | NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ | STREET ADDRESS: [redacted] | OWNER'S NAME: ☒ SAME AS DRIVER

PARKED VEHICLE ☐ | CITY / STATE / ZIP: TRACY CA [redacted] | OWNER'S ADDRESS: ☒ SAME AS DRIVER

BICYCLIST ☐ | SEX: F | HAIR: BLN | EYES: BLU | HEIGHT: 5-5 | WEIGHT: 110 | BIRTHDATE MO. DAY YEAR: [redacted] | RACE | DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER: J+M TOWING

OTHER ☐ | HOME PHONE: [redacted] | BUSINESS PHONE: ( ) | PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

INSURANCE CARRIER: UNKNOWN | POLICY NUMBER | CHP USE ONLY VEHICLE TYPE: 01 | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ TOTAL | SHADE IN DAMAGED AREA: ROLLOVER

DIR. OF TRAVEL: S | ON STREET OR HIGHWAY: CHRISMAN RD | SPEED LIMIT: 55- | PCF: 21650 | ICC ☐ PUC ☐ CHP ☐

PARTY 2

DRIVER'S LICENSE NUMBER | STATE | CLASS | SAFETY EQUIP. | VEH. YR. | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE

DRIVER | NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN ☐ | STREET ADDRESS | OWNER'S NAME ☐ SAME AS DRIVER

PARKED VEHICLE ☐ | CITY / STATE / ZIP | OWNER'S ADDRESS ☐ SAME AS DRIVER

BICYCLIST ☐ | SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE MO. DAY YEAR | RACE | DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

OTHER ☐ | HOME PHONE: ( ) | BUSINESS PHONE: ( ) | PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

INSURANCE CARRIER | POLICY NUMBER | CHP USE ONLY VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL | SHADE IN DAMAGED AREA

DIR. OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT | PCF | ICC ☐ PUC ☐ CHP ☐

PARTY 3

DRIVER'S LICENSE NUMBER | STATE | CLASS | SAFETY EQUIP. | VEH. YR. | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE

DRIVER ☐ | NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN ☐ | STREET ADDRESS | OWNER'S NAME ☐ SAME AS DRIVER

PARKED VEHICLE ☐ | CITY / STATE / ZIP | OWNER'S ADDRESS ☐ SAME AS DRIVER

BICYCLIST ☐ | SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE MO. DAY YEAR | RACE | DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

OTHER ☐ | HOME PHONE: ( ) | BUSINESS PHONE: ( ) | PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

INSURANCE CARRIER | POLICY NUMBER | CHP USE ONLY VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL | SHADE IN DAMAGED AREA

DIR. OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT | PCF | ICC ☐ PUC ☐ CHP ☐

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
EW CESJOVEC #7437	☒ YES ☐ NO ☐ N/A	L. GABBERT #2967	7-14-88

TRAFFIC COLLISION CODING

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I. D	NUMBER
MO. 7 DAY 10 YEAR 88	0400	9266	7437	

PROPERTY DAMAGE
OWNER'S NAME / ADDRESS
NOTIFIED ☐ YES ☐ NO
DESCRIPTION OF DAMAGE

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STA. WGN. REAR
8 - RR. OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

1 2 3
4 5 6
7

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
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
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
V - NO
W - YES
PASSENGER
X - NO
Y - YES

EJECTED FROM VEH.

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR
LIST NUMBER (#) OF PARTY AT FAULT

- # A VC SECTION VIOLATED: CITED ☐ YES ☐ NO
- # B OTHER IMPROPER DRIVING *
- C OTHER THAN DRIVER*
- D UNKNOWN*
- # E FELL ASLEEP*

WEATHER (MARK 1 TO 2 ITEMS)
- X A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY FT.
- F OTHER*:
- G WIND

LIGHTING
- A DAYLIGHT
- B DUSK - DAWN
- C DARK - STREET LIGHTS
- X D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE
- X A DRY
- B WET
- C SNOWY - ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)
- A HOLES, DEEP RUTS*
- B LOOSE MATERIAL ON RDWY.*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION - REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*:
- X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES
- A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- X D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
- A HEAD-ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- X F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH
- X A NON-COLLISION
- B PEDESTRIAN
- C OTHER MOTOR VEHICLE
- D MOTOR VEH. ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTION
- X A NO PEDESTRIAN INVOLVED
- B CROSSING IN CROSSWALK AT INTERSECTION
- C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D CROSSING - NOT IN CROSSWALK
- E IN ROAD - INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACH / LEAVING SCHOOL BUS

TYPE OF VEHICLE (1 2 3)
- A PASSENGER CAR / STA. WGN.
- B PASSENGER CAR W / TRAILER
- C MOTORCYCLE / SCOOTER
- D PICKUP OR PANEL TRUCK
- E PICKUP / PANEL TRK. W / TLR.
- F TRUCK OR TRUCK TRACTOR
- G TRK. / TRK. TRACTOR W / TLR.
- H SCHOOL BUS
- I OTHER BUS
- J EMERGENCY VEHICLE
- K HWY. CONST. EQUIPMENT
- L BICYCLE
- M OTHER VEHICLE
- N PEDESTRIAN
- O MOPED

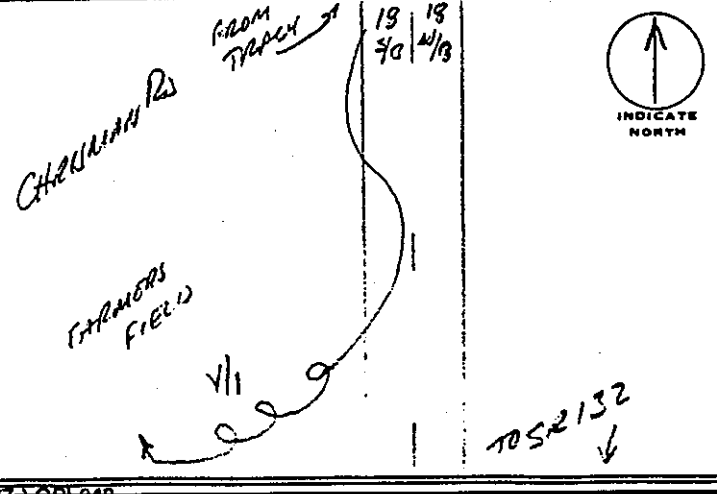
OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS) (1 2 3)
- X A VC SECTION VIOLATION: 21650 CITED ☐ YES ☒ NO
- B VC SECTION VIOLATION: CITED ☐ YES ☐ NO
- C VC SECTION VIOLATION: CITED ☐ YES ☐ NO
- D
- E VISION OBSCUREMENT :
- F INATTENTION*
- G STOP & GO TRAFFIC
- H ENTERING / LEAVING RAMP
- I PREVIOUS COLLISION
- J UNFAMILIAR WITH ROAD
- K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO
- L UNINVOLVED VEHICLE
- M OTHER*:
- N NONE APPARENT
- O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION (1 2 3)
- A STOPPED
- B PROCEEDING STRAIGHT
- X C RAN OFF ROAD
- D MAKING RIGHT TURN
- E MAKING LEFT TURN
- F MAKING U TURN
- G BACKING
- H SLOWING / STOPPING
- I PASSING OTHER VEHICLE
- J CHANGING LANES
- K PARKING MANEUVER
- L ENTERING TRAFFIC
- M OTHER UNSAFE TURNING
- N XING INTO OPPOSING LANE
- O PARKED
- P MERGING
- Q TRAVELING WRONG WAY
- R OTHER:*

SOBRIETY-DRUG PHYSICAL (MARK 1 TO 2 ITEMS) (1 2 3)
- A HAD NOT BEEN DRINKING
- B HBD - UNDER INFLUENCE
- C HBD - NOT UNDER INFLU.*
- D HBD - IMPAIRMENT UNK.*
- E UNDER DRUG INFLU.*
- F IMPAIRMENT - PHYSICAL*
- X G IMPAIRMENT NOT KNOWN
- H NOT APPLICABLE
- I SLEEPY / FATIGUED

SPECIAL INFORMATION
- A HAZARDOUS MATERIAL

SKETCH



MISCELLANEOUS

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

PAGE 3

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
7-10-88	0400	9266	7437	

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐	☐	18	F	☒	☐	☐	☐	☒	☐	☐	☐	☐	1	1	N	1

NAME / D.O.B. / ADDRESS: P/1 — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: MOBILE LIFE SUPPORT — TAKEN TO: TRACY MEM HOSP.

DESCRIBE INJURIES: MASSIVE HEAD WOUND - POSSIBLE FRACTURED NECK - PRONOUNCED DEAD BY EMT [redacted] AT 0426 HRS. AND DR [redacted], MD [redacted]

CORONERS CASE # 374-88

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ #1	☐	28	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: [redacted] MODESTO, CA — TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: — TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ #2	☐	49	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: [redacted] TRACY CA [redacted] — TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: — TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ #3	☐	16	F	☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: [redacted] TRACY [redacted] — TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: — TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: — TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: — TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
EW Petsonec	7437	7-10-88		

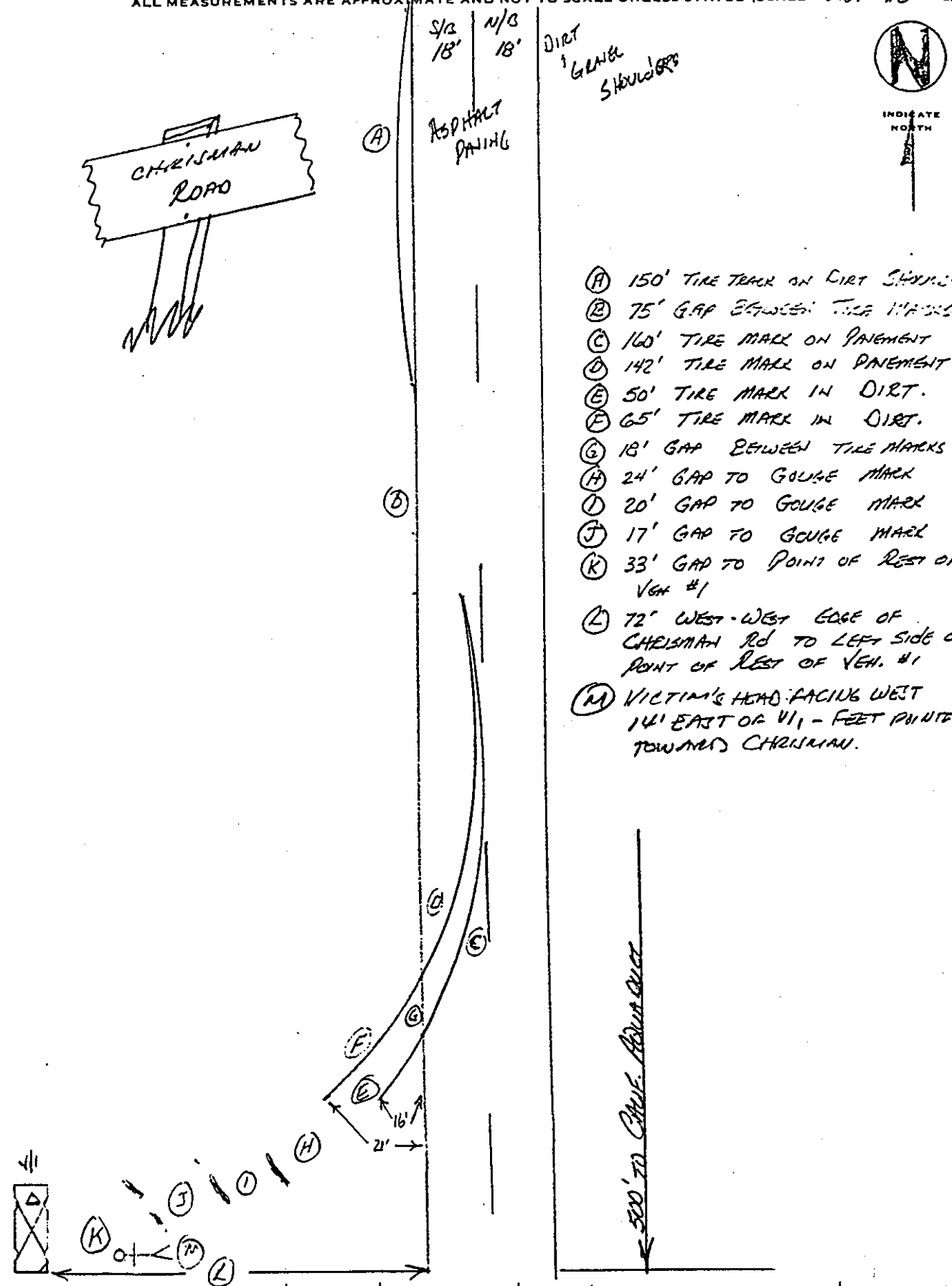
87 43837

STATE OF CALIFORNIA

FACTUAL DIAGRAM

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO. 7 DAY 10 YR. 88	0400	9766	7437	

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE - NOT TO SCALE



(A) 150' TIRE TRACK ON DIRT SHOULDER
(B) 75' GAP BETWEEN TIRE MARKS
(C) 160' TIRE MARK ON PAVEMENT
(D) 142' TIRE MARK ON PAVEMENT
(E) 50' TIRE MARK IN DIRT.
(F) 65' TIRE MARK IN DIRT.
(G) 18' GAP BETWEEN TIRE MARKS
(H) 24' GAP TO GOUGE MARK
(I) 20' GAP TO GOUGE MARK
(J) 17' GAP TO GOUGE MARK
(K) 33' GAP TO POINT OF REST OF VEH #1
(L) 72' WEST - WEST EDGE OF CHRISMAN Rd TO LEFT SIDE OF POINT OF REST OF VEH. #1
(M) VICTIM'S HEAD FACING WEST 14' EAST OF V1, - FEET POINTED TOWARDS CHRISMAN.

DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
MONTGOMERY	7365	7-10-88		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

PAGE 5

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
7-10-88	0400	9266	7437	

"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER:

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER:

CITY / COUNTY / JUDICAL DISTRICT | REPORTING DISTRICT / BEAT | CITATION NUMBER

LOCATION / SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

FACTS

NOTIFICATION: RCVD CALL OF ACCIDENT - NO DETAILS AT 0421 HRS - RESPONDED FROM TRACY CHP OFFICE, WHILE ENROUTE ACCIDENT WAS UPGRADED TO POSSIBLE FATAL - ARR'D SCENE 0434 HRS - ALL SPEEDS AND MEASUREMENTS ARE APPROXIMATIONS. SCENE WAS PACED BY OFF W/ MONTGOMERY #3665 AND DISTANCE FROM AQUADULT WAS DETERMINED BY CHP UNIT # 164 ODOMETER.

SCENE: CHRISMAN RD IS A STRAIGHT NORTH/SOUTH COUNTY ROAD WITH TWO LANES; EACH OF WHICH ARE 18' IN WIDTH. THE ROADWAY HAD NEW TAR AND GRAVEL. NEW YELLOW DASHED LINES MARK THE CENTER OF ROAD. UNIMPROVED DIRT SHOULDERS BORDER THE ROADWAY.

PARTIES V/1 FOUND UPSIDE DOWN ON ITS ROOF/HOOD WITH MAJOR DAMAGE TO HOOD, BOTH SIDES AND ROOF. V/1 HAD A SUN ROOF AND IT WAS DETACHED AND FOUND APPROX 40' WEST OF WEST EDGE OF CHRISMAN RD. DEBRIS WAS SCATTERED OVER THE ENTIRE PATH OF V/1 TOWED BY J&M TOWING NO DEFECTS NOTICED ON V/1. VICTIM #1 WAS FOUND BY WIT #1 APPROX 14' EAST OF V/1 LAYING PRONE AND FACE DOWN IN A FARMERS FIELD. SEE PG 4 FOR V/1 POSITION.

PHYSICAL EVIDENCE: APPROX 160' AND 142' CENTRIFUGAL FORCED SKIDS WERE FOUND AT THE SCENE CONTAINED ENTIRELY IN THE SOUTHBOUND LANE. INDENTATIONS/GOUGES WERE MADE FROM V/1 AS IT ROLLED TO POR. P/1 IDENTIFIED BY CALIF DR'S LIC.

STATEMENTS

P/1 NONE

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
EW Cossovec	7437	7-10-88		

CHP 556 (Rev. 7-87) OPI 042

Use previous editions until depleted

87 45312

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
7-10-88	0400	9266	7437	

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] NARRATIVE	[X] COLLISION REPORT	[ ] BA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER:	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER:

CITY / COUNTY / JUDICAL DISTRICT	REPORTING DISTRICT / BEAT	CITATION NUMBER

LOCATION / SUBJECT	STATE HIGHWAY RELATED
	[ ] YES [ ] NO

STATEMENTS CONT'D

WIT#1 ([redacted]) RELATED HE AND HIS WIFE WERE FISHING ON THE AQUADUCT AND AT 3AM DEBATED ABOUT GOING HOME BECAUSE THE FISH WERE NOT BITING. ABOUT THAT TIME THE FISH STARTED TO BITE SO THEY STAYED. AT 4AM THEY HEARD SKIDDING AND A CRASH. BOTH LOOKED UP AND SAW THE CAR ROLLING FROM HEADLIGHTS/TAILIGHTS. THEY PICKED UP THEIR GEAR AND RAN TO THE CAR AND WITH THE FLASHLIGHT COULD SEE THE BODY THEN RAN TO THE ROAD TO STOP A CAR FOR HELP.

[redacted] AGREED WITH STATEMENT OF WIT#1

WIT#2 ([redacted]) RELATED HE WAS S/B ON CHRISMAN WHEN HE WAS FLAGGED DOWN. HE COULD SEE THE ACCIDENT. HE FLAGGED DOWN ANOTHER CAR GOING NORTH AND TOLD THEM TO CALL 911. HE THOUGHT HE CAME ACROSS ACCIDENT AT 4:15 AM OR SO

OPINIONS AND CONCLUSIONS:

SUMMARY: P/1 WAS SOUTHBOUND ON CHRISMAN RD WHEN SHE DRIFTED OFF THE ROAD UNTO THE DIRT SHOULDER. SHE COULD VERY EASILY HAVE FALLEN ASLEEP. CHRISMAN HAD BEEN FRESHLY TARRED AND GRAVELLED. THE GRAVEL V/1 PICKED UP COULD HAVE AWAKENED P/1, P/1 TURNED THE WHEEL TOWARD THE SOUTHBOUND LANE BUT TURNED TOO HARD FORCING V/1 TO GO INTO A CENTRIFUGAL SKID. P/1 THEN TURNED HARD TO THE RIGHT FORCING V/1 TO THE SHOULDER. V/1 WENT INTO A BROADSIDE SKID WITH THE FRONT FACING NORTH AS V/1 DUG IN TO A FRESHLY CULTIVATED FIELD FORCING V/1 TO ROLL APPROX 4 TIMES. WHEN V/1 ROLLED THE LAST TIME THE FORCE OF THE SPIN FORCED P/1 THROUGH THE SUN ROOF DETERMINED BY A STRAND OF BLOND HAIR FOUND ON PART OF THE ROLLING MECHANISM OF THE RETRACTABLE SUNROOF ON THE LEFT SIDE. V/1 POSSIBLY ROLLED OVER VICTIM PRIOR TO REACHING ITS POINT OF REST.

PREPARER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
EW BESSOVEL	7437	7-10-88		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
7-10-88	0400	4266	7437	

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] NARRATIVE	[X] COLLISION REPORT	[ ] BA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER:	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER:

CITY / COUNTY / JUDICAL DISTRICT	REPORTING DISTRICT / BEAT	CITATION NUMBER

LOCATION / SUBJECT	STATE HIGHWAY RELATED
	[ ] YES [ ] NO

1. P/1 DETERMINED TO HAVE FALLEN ASLEEP BECAUSE ① GRADUAL DRIFT
2. OFF ROADWAY INTO DIRT SHOULDER FOR APPROX 150' ② STRAIGHT
3. TIRE MARKS LEFT BY V/1 ON THE SHOULDER AFTER ② AND THE LATE
4. HOUR OF NIGHT WHICH WHEN SUCH FACTORS ARE CONSIDERED
5. ARE CONSISTENT WITH A DRIVER WHO FELL ASLEEP BEHIND
6. THE WHEEL.
7.
8. POINT OF IMPACT: POI DETERMINED BY PHYSICAL EVIDENCE - WHERE
9. V/1 STRUCK THE SOFT DIRT OF THE FIELD. APPROX 21' (L/F WHEEL)
10. WEST OF WESTERGE OF GRISMAN RD AND APPROX 583' NORTH OF THE
11. CALIFORNIA AQUA DUCT.
12.
13. CAUSE P/1 CAUSED T/C BY FAILURE TO DRIVE ON RIGHT HALF OF ROADWAY
14. (VIOLATION OF 21650 VC) A RESULT CONSISTENT WITH A DRIVER FALLING
15. ASLEEP.
16.
17. ADDITIONAL INFO: SGT ROHNAK #26 OF SAN JOAQUIN CO. SHERIFF'S DEPT WAS
18. AT TRACY MUNI. COURT ON ANOTHER MATTER AND WAS ADVISED OF VICTIM. SGT
19. ROHNAK NOTIFIED DEP. ALBERT GARCIA #170. P/1 PURSE AND O/L FOUND
20. AT SCENE AND TURNED OVER TO SGT ROHNAK
21.
22. V/1 - A 1988 FORD ESCORT GT HAS PASSIVE RESTRAINT SYSTEM
23. INVOLVING THE SHOULDER HARNESS ONLY. THE LAP BELT WAS NOT IN USE.
24.
25.
26. RECOMMENDATIONS
27.
28. NONE
29.
30.
31.
32.

PREPARER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
EW RETAVEC	7437	7-10-88		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
7-10-88	0400	9266	7437	

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
☐ NARRATIVE	☒ COLLISION REPORT	☐ BA UPDATE	☐ FATAL	☐ HIT & RUN UPDATE
☒ SUPPLEMENTAL	☐ OTHER:	☐ HAZARDOUS MATERIALS	☐ SCHOOL BUS	☒ OTHER: FOLLOW-UP

CITY / COUNTY / JUDICAL DISTRICT	REPORTING DISTRICT / BEAT	CITATION NUMBER

LOCATION / SUBJECT	STATE HIGHWAY RELATED
	☐ YES ☐ NO

1. ON 7/14/88 AT 1855HRS - [redacted] A FRIEND OF VICTIM WAS
2. CONTACTED FOR STATEMENT:
3.
4. [redacted] AGE 16 DOB [redacted]
5. [redacted] PH [redacted]
6. TRACY CA [redacted]
7.
8. THEY LEFT TRACY AT 1030 AM TO GO TO MODESTO. THEY
9. WENT TO THE "ODYSSEY" - A NON-ALCOHOLIC DANCE CLUB. THEY
10. LEFT THERE AT 1230 AM AND CRUISED McHENRY GOING BACK
11. TO THE ODYSSEY AT 1 AM. THEY STAYED UNTIL 145 AM WHEN THEY
12. DECIDED TO GO TO JENNY'S ON McHENRY TO EAT BREAKFAST -
13. FOOD SERVED ABOUT 2 AM AND THEY TALKED WITH A COUPLE FRIENDS
14. THEY HAD MET IN MODESTO BEFORE. THEY STAYED UNTIL 330 AM
15. Q "WAS SHE TIRED?"
16. A "[redacted] DIDN'T SLEEP AT ALL THE NIGHT BEFORE. LAT MORNING
17. SHE WENT WITH HER EX-BOYFRIEND TO SAN FRAN INT'L AIRPORT
18. TO SAY GOODBYE TO HIM. HE WAS GOING TO JAPAN. WHEN SHE GOT
19. HOME SHE CAME OVER AND WE WERE SWIMMING AT MY HOUSE ALL DAY.
20. Q "DO YOU THINK SHE WAS TIRED?"
21. A "I KNOW SHE WAS TIRED FOR A FACT. SHE WAS USED TO GETTING
22. 10-15 HRS OF REST A DAY ON THE WAY HOME FROM MODESTO
23. I WAS SO TIRED I TOLD HER I WAS SEEING THINGS - AND [redacted]
24. AGREED WITH ME THAT SHE WAS TOO SEEING THINGS
25. Q "CAN YOU TELL ME HOW THE SEAT BELTS WORK?"
26. A "YES, IF THE KEY IS IN THE IGNITION - THE SEAT BELT SWINGS AROUND
27. AGAINST YOUR SHOULDER. THE LAP BELT IS MANUAL. SHE NEVER PUT
28. THE LAP BELT ON UNLESS SHE WAS GOING ON THE FWY. IF THE DOOR COMES
29. OPEN AND THE KEY IS IN THE IGNITION - IT WILL RELEASE. SHE
30. GOT THE CAR AWEEK AFTER GRADUATION AS A PRESENT BUT SHE
31. HAD TO MAKE THE PAYMENTS
32.

PREPARER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
EW CEJJONEC	7437	7-14-88		

ARRATIVE/SUPPLEMENTAL

TE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE
7-10-88	0400	9266	7437		

ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
☐ NARRATIVE	☒ COLLISION REPORT	☐ BA UPDATE	☐ FATAL	☐ HIT & RUN UPDATE
☒ SUPPLEMENTAL	☐ OTHER:	☐ HAZARDOUS MATERIALS	☐ SCHOOL BUS	☐ OTHER:

Y/C JUDICAL DISTRICT	REPORTING DISTRICT / BEAT	CITATION NUMBER

CATION / SUBJECT	STATE HIGHWAY RELATED
	☐ YES ☐ NO

SUPPLEMENTAL:

PURPOSE: TO ADD BACKGROUND INFORMATION

ON JULY 12, 1988 IN RESPONSE TO A REQUEST FROM OFFICER BETSOVEC I WENT TO J+M TOWING TO INSPECT A 1988 FORD ESCORT LICENSE # [redacted] CA. I FOUND THE VEHICLE TO BE EQUIPPED WITH A PARTIAL PASSIVE RESTRAINT SYSTEM. BOTH FRONT SEATS WERE EQUIPPED WITH LAP BELTS. AN EXAMINATION OF BOTH LAP BELTS AND THEIR BUCKLES REVEALED THAT NEITHER WAS BUCKLED. THE MALE + FEMALE PORTIONS OF BOTH BELT BUCKLES APPEARED TO BE IN GOOD WORKING ORDER. EACH OF THE FOUR INDIVIDUAL BELT SEGMENTS WAS SECURE AT ITS BASE. THE PASSIVE RESTRAINT PORTION OF THE SYSTEM CONSISTED OF TWO (ONE FOR EACH FRONT OCCUPANT) BELTS SUSPENDED FROM TRACKS ATTACHED TO THE ROOF OF THE VEHICLE. THE RIGHT SIDE BELT WAS VERY TIGHT AGAINST THE SEAT. THE LEFT SIDE BELT WAS VERY SLACK. BOTH EMERGENCY RELEASE LEVERS WERE IN THE LOCKED POSITION. THE BATTERY WAS DEAD UPON MY ARRIVAL. WITH THE ASSISTANCE OF A J+M TOWING EMPLOYEE A BOOSTER BATTERY WAS CONNECTED + THE SYSTEM APPEARED TO BE OPERATING NORMALLY. BOTH EMERGENCY RELEASE SWITCHES WERE CHECKED.

EPARER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
S.H. WILCOX	9104	7-12-88		

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

☐ IMPOUNDED ☐ RECOVERED ☒ STORED ☐ RELEASED – VEHICLE REPORT *Use reverse for reporting Embezzled/Stolen Vehicles/Plates*

REPORTING DEPARTMENT: CHP

LOCATION CODE: 266 | DATE/TIME REPORTED: 7/10/88 | FILE NUMBER: 324

LOCATION TOWED/RECOVERED FROM: Chrisman Rd & Aqueduct

WAS NEIGHBORHOOD OR AREA CHECKED FOR WITNESSES, LEADS, CLUES? IF "YES", EXPLAIN IN REMARKS OR ON SEPARATE SHEET(s). ☐ YES ☐ NO

[illegible]G/STORAGE CONCERN NAME AND ADDRESS: [illegible] | TELEPHONE NUMBER: 836 1233

TOWED TO/STORED AT: 103 W 11th Tracy | TELEPHONE NUMBER:

REPORTED BY:

HOME ADDRESS: | TELEPHONE NUMBER:

BUSINESS ADDRESS: | TELEPHONE NUMBER:

DESCRIPTION AND OWNERSHIP

YEAR: 88 | MAKE: Ford | MODEL: Escort | BODY TYPE: G.T. | COLOR (combination): White | LICENSE NUMBER(s): New No Plates ☐ ONE ☒ TWO | MONTH/YEAR: | STATE:

VEHICLE IDENTIFICATION NUMBER (VIN): 1FAPP23TW[redacted] | ENGINE NUMBER (EN): | VIN COMPARE WITH REG. CARD ☒ YES ☐ NO | VIN APPEAR ALTERED/REMOV'D ☐ YES ☒ NO | VIN CLEAR IN SVS ☐ YES ☒ NO | LIC. NUMBER(s) CLEAR IN SVS ☐ YES ☐ NO

IF STOLEN, NAME, DATE AND CASE NUMBER OF REPORTING AGENCY:

WAS VEH. RETURNED TO OWNER ☐ YES ☐ NO | STORAGE AUTHORITY: 22651 H

REGISTERED OWNER: [redacted] | ADDRESS: [redacted] Tracy | TELEPHONE(s) (home and business):

LEGAL OWNER: [redacted] | TELEPHONE(s) (home and business):

CONDITION AND INVENTORY *(Use Remarks space or attach separate descriptions as needed.)*

ODOMETER READING: 2016 | DRIVEABLE ☐ YES ☒ NO ☐ UNKNOWN | HAVE YOU ENTERED MISSING, IDENTIFIABLE PARTS IN SVS? ☐ YES ☐ NO | *Describe fully in remarks space

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES/WHEELS	CONDITION	ITEMS*	IDENTIFICATION NUMBER
WRECKED	X		SEAT (front)	X		REGISTRATION	X		LEFT FRONT	Flat	CAMPER	No
BURNED		X	SEAT (rear)	X		ALT/GENERATOR	X		RIGHT FRONT	Good	CARGO	"
VANDALIZED		X	RADIO	X		BATTERY	X		LEFT REAR	Flat	VESSEL AS LOAD	"
[illegible]NS STRIP		X	TAPE DECK	X		DIFFERENTIAL	X		RIGHT REAR	Flat	FIREARMS	"
MIS[illegible] PARTS STRIP		X	TAPES (#)		X	TRANSMISSION	X		SPARE(s)	—	OTHER	"
BODY METAL STRIP		X	OTHER RADIO		X	AUTOMATIC			HUB CAPS (#)	—		
VIN SWITCH		X	IGNITION KEY	X		MANUAL	X		WHEELS	Good		

REMARKS *(Use additional blank sheets as required. Include all pertinent information.)*

LIST PROPERTY, TOOLS, VEHICLE DAMAGE, LAST DRIVER OF VEHICLE, ARRESTS *(full names, charges, where detained)*

Driver DOA @ Scene

Transported by Mobile Life Support

☐ CONTINUED ON SEPARATE SHEET

OFFICER ORDERING VEHICLE STORED (signature): [signature] 3665 | I.D. NUMBER: | GARAGE PRINCIPAL OR AGENT STORING VEH (signature): R Cecel | DATE AND TIME: 7/10/88 0510

V.I.N.

VALUATION, RELEASE, DISPOSITION

RECOVERY TELETYPE (date and number): | REQUIRED NOTICES SENT TO REGISTERED & LEGAL OWNERS (Sec. 22852 VC) ☐ YES ☐ NO | IF NO IS CHECKED, INDICATE REASON ☐ AVA PROGRAM

APPRAISED VALUE: $14,000 | DATE AND TIME OF APPRAISAL: | APPRAISING OFFICER'S SIGNATURE: | I.D. NUMBER:

TO (storage authority/concern): | DATE:

RELEASE VEHICLE TO: | ADDRESS:

SIGNATURE OF PERSON AUTHORIZING RELEASE:

CERTIFICATION: I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of above described vehicle.

NOTE: CHP 180 is furnished all peace officers by the California Highway Patrol.

SIGNATURE OF PERSON TAKING POSSESSION:

CHP 180 (Rev 5-85) OPI 065

Use previous edition until depleted

16

C T SYSTEM®

C T Corporation System
The Corporation Trust Company

SERVICE OF PROCESS TRANSMITTAL FORM

FORD MOTOR COMPANY
RECEIVED
D. C. HENDERSON
SEP 05 1989
OFFICE OF THE GENERAL COUNSEL

CHICAGO, ILLINOIS
(City) (State)

September 1, 1989
(Date)

( ) Via Certified First Class Mail

( ) Via Messenger

(*)VIA FEDERAL EXPRESS
3115840926

Prod
NW

TO: DONALD T BREEN, CSL
PRODUCT LITI OFF/GEN CSL
FORD MOTOR COMPANY
PARKLANE TWR W STE 300
ONE PARKLANE BLVD
DEARBORN, MICHIGAN 48126

RE: PROCESS SERVED IN Illinois
(Jurisdiction)

FOR FORD MOTOR COMPANY
(Company)

DELAWARE
(Domestic State)

89-2538

RVED UPON OR RECEIVED BY THE STATUTORY AGENT OF THE

1. TITLE OF ACTION: [redacted] plaintiff -VS- Ford Motor Company dft.

2. DOCUMENT(S) SERVED: (XX) Summons (XX) Complaint At Law ( ) Exhibits
(*)Letter dated Aug. 24, 1989 Case # 89 L 939 Jury Demanded

3. COURT:
Circuit Court of the 6th Judicial Circuit Macon County, Illinois

4. NATURE OF ACTION:
Alleging personal injuries sustained September 5, 1987 in a vehicle collision on Illinois Route 48 near the intersection with Wyckles Road, Macon County, IL. resulting from the defendant's negligence due to the defective and unreasonably dangerous condition of the seat belt of a 1984 Ford Thunderbird which was manufactured etc. by the dft. Amount Claimed: for more than $15,000

5. ( ) Process Served on: C T CORPORATION SYSTEM, Chicago, Illinois
( ) Process Received by: C T CORPORATION SYSTEM, Chicago, Illinois
From:
Envelope Post Marked _____ enclosed.

6. DATE AND HOUR OF SERVICE:
September 1, 1989 - 9:00 a.m.

7. APPEARANCE OR ANSWER DUE:
within 30 days after service

8. PLAINTIFF'S ATTORNEY(S):
Owen Roberts Parish Castleman & Owen, Ltd.
132 S Water Street
ste 300 Millikin Court /// Decatur, IL 62523-1399/// 217/428-4385

9. REMARKS:
( ) This confirms our telephone call to your office.
( ) Above telephoned to C T office and is sent to you per their instructions.
( ) Discrepancy in company name.

KINDLY ACKNOWLEDGE RECEIPT BY SIGNING THE CARBON COPY AND RETURNING IT TO →

Signed C T CORPORATION SYSTEM

Per D. Schull/ss
D. Schull

Address 208 South LaSalle Street
Chicago, Illinois 60604

ag

CT311 K-10M - 10/82

REC'D SEP 01 1989
9:00

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
MACON COUNTY, ILLINOIS

BILL McINTYRE, Plaintiff,	)	
vs.	)	
FORD MOTOR COMPANY, Defendant.	)	NO. 89-L-939

SUMMONS

To each Defendant:

YOU ARE SUMMONED AND REQUIRED TO file an answer in this case, or otherwise file your appearance in the office of the Clerk of this Court, Room 408 of the Macon County Building, 253 East Wood Street, Decatur, Illinois, 62523, within 30 days after service of this summons, not counting the day of service.

IF YOU FAIL TO DO SO, A JUDGMENT FOR DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT.

To the officer:

This summons must be returned by the officer or other person to whom it was given for service, with indorsement of service and fees, if any, immediately after service. If service cannot be made, this summons shall be returned so indorsed. This summons may not be served later than 30 days after its date.

Witness Aug. 29, 19 89

David M. Hogan
Circuit Clerk of Macon County, Illinois

Notice

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within 30 days after this complaint and summons are served, by entering a written appearance personally or by attorney, and filing in writing with the Circuit Clerk, at the address above, an answer or motion setting out your defenses or objections to the claims set forth against you.

You are warned that if you fail to do so the case may proceed without you, and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you. You should take this paper to your lawyer at once.

OWEN, ROBERTS, PARISH,
CASTLEMAN & OWEN, Ltd.
Suite 300 Millikin Court
132 S. Water Street
Decatur, IL 62523-1399
Phone: (217) 428-4385

Date of Service: 9-1-89

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
MACON COUNTY, ILLINOIS

BILL McINTYRE, Plaintiff,	)	
vs.	)	NO. 89-L-939
FORD MOTOR COMPANY, Defendant.	)	

COMPLAINT AT LAW
AND
JURY DEMAND

Count One

COMES NOW Bill McIntyre, by Owen, Roberts, Parish, Castleman & Owen, Ltd., his attorneys, and for Count One of his Complaint and cause of action against the Ford Motor Company, states as follows:

1. On September 5, 1987, Bill McIntyre, the plaintiff, was riding as a passenger in the front seat of a 1984 Ford Thunderbird automobile being driven northeast on Illinois Route 48 near its intersection with Wyckles Road, in Macon County, Illinois.

2. At that time and place, the driver of the 1984 Ford Thunderbird maneuvered to avoid colliding with a car immediately in front of him; and he was forced to collide instead with a third, oncoming car.

3. At that time, the plaintiff was wearing his seat belt.

4. The seat belt failed to safely restrain the plaintiff; and he was injured and ejected from the car, and sustained pain and suffering, disability, disfigurement, loss of income, and medical expenses.

5. The 1984 Ford Thunderbird was designed and manufactured and placed into the stream of commerce by the Ford Motor Company, the defendant, in a defective and unreasonably dangerous condition, which was a proximate cause of the plaintiff's injuries.

WHEREFORE, Bill McIntyre prays for judgment against the Ford Motor Company for more than $15,000.00.

Count Two

For Count Two of this Complaint, the plaintiff states:

1. On September 5, 1987, Bill McIntyre, the plaintiff, was riding as a passenger in the front seat of a 1984 Ford Thunderbird automobile being driven northeast on Illinois Route 48 near its intersection with Wyckles Road, in Macon County, Illinois.

2. At that time and place, the driver of the 1984 Ford Thunderbird maneuvered to avoid colliding with a car immediately in front of him; and he was forced to collide instead with a third, oncoming car.

3. At that time, the plaintiff was wearing his seat belt.

4. The seat belt failed to safely restrain the plaintiff; and he was injured and ejected from the car, and sustained pain and suffering, disability, disfigurement, loss of income, and medical expenses.

5. The 1984 Ford Thunderbird was negligently designed and manufactured by the Ford Motor Company, the defendant, and such negligence was a proximate cause of the plaintiff's injury.

WHEREFORE, Bill McIntyre prays for judgment against the Ford Motor Company for more than $15,000.00.

THE PLAINTIFF DEMANDS TRIAL BY A JURY OF TWELVE.

BILL McINTYRE, Plaintiff,

By OWEN, ROBERTS, PARISH, CASTLEMAN & OWEN, Ltd.

By _____
His Attorneys

DARREL F. PARISH
ROBERT M. OWEN
OWEN, ROBERTS, PARISH,
CASTLEMAN & OWEN, Ltd.
Suite 300 Millikin Court
132 S. Water Street
Decatur, IL 62523-1399
Phone: 217/428-4385

The Clerk is requested to issue a summons to the defendant.

1. OFFENSE OR CHARGE (INCLUDE DEGREE): 2 Motor Vehicle Accident (Fatality)

2. CRIME CODE: 5080

3. C.R. NO. (ORIGINAL ONLY): 8709-024

4. TIME OF OCCURENCE: M 9 D 5 Y 87 T 2:40 PM

5. WHEN AND WHERE REPORTED: M 9 D 5 Y 87 T 2:41PM Phone in to MSO

6. LOCATION OF OFFENSE (HOUSE NO. STREET NAME): Rt 48 1/10 mile south of Intersection of Cnty Hwy 41

7. VICTIMS NAME (LAST, FIRST, MIDDLE) OR FIRM NAME: [redacted]

8. VICTIMS ADDRESS (HOUSE NUMBER, STREET NAME): [redacted] Decatur, Ill

9. RESIDENCE PHONE: [redacted] DAY NIGHT

10. VICTIMS PLACE OF EMPLOYMENT OR SCHOOL NAME: College Student

11. BUSINESS PHONE: Father-[redacted]

12. SEX: M VICTIM RACE: W AGE: 17

13. PERSON REPORTING-SIGNATURE-DATE: Dep. J. Anderson #1604

14. IF ARREST IS MADE; NAME ARRESTEES IN NARRATIVE. PLACE THE NUMBER OF ARRESTEES IN BOX A. IF NONE PLACE AN X IN BOX A → X

15. INDICATE WITH PROPER CODE IN BOXES PROVIDED PERSONS RELATIONSHIP TO INVESTIGATION W-1 WITNESS #1, W-2 WITNESS #2, R-REPORTING PERSON, P/K PERSON WITH KNOWLEDGE (INCLUDING REPORTING PERSONS NAME IF DIFFERENT FROM VICTIMS)

ADDRESS CHECKED	APT #	PERSON INTERVIEWED		INFORMATION PROVIDED-USE NARRATIVE IF NEEDED
[redacted] ASSUMPTION, ILL ~~Decatur, Ill~~		[redacted]	W3	Motorist in area at time
[redacted] Decatur, Ill		[redacted]	W2	of Accident
[redacted] Mound, Ill		[redacted]	W2	" " " "
[redacted] Dec. Ill		[redacted]		Driver of other Vehicle
Ph-[redacted]				See Acc. Report# 8709-A08
				for phone #'s

16. WAS THERE A WITNESS TO THE CRIME? IF NO PLACE AN X IN BOX B → 16.

17. CAN A SUSPECT BE NAMED? IF NO PLACE AN X IN BOX C →

SUSPECT #1 (NAME INCLUDE ANY A-K-A INFO)	SUSPECT #2 (NAME INCLUDE ANY A-K-A INFO)	SUSPECT #3 (NAME INCLUDE ANY A-K-A INFO)

17.

18. CAN A SUSPECT BE LOCATED? IF NO PLACE AN X IN BOX D →

SUSPECT #1 MAY BE LOCATED AT	SUSPECT #2 MAY BE LOCATED AT	SUSPECT #3 MAY BE LOCATED AT

18.

19. CAN A SUSPECT BE DESCRIBED? IF NO PLACE AN X IN BOX E →

SUSPECT #1 DESCRIPTION	SUSPECT #2 DESCRIPTION	SUSPECT #3 DESCRIPTION

DESCRIBE EACH SUSPECT - USING AGE, SEX, RACE, HEIGHT, WEIGHT, ANY IDENTIFYING SCARS, MARKS AND CLOTHING DESCRIPTION

19.

20. CAN A SUSPECT BE IDENTIFIED? IF NO PLACE AN X IN BOX F →

21. ☐ ← IF SUSPECT INFORMATION HAS BEEN GIVEN OUT VIA RADIO COMM. PLACE AN X IN BOX 21.

USING APPROPRIATE CODE IN THE BOXES PROVIDED-INDICATE WHO CAN IDENTIFY SUSPECT

20.

22. FILL IN LICENSE PLATE INFORMATION IF IT IS AVAILABLE.

MODEL/MAKE	YEAR	TYPE	COLOR TOP/BOTTOM	IDENTIFYING CHARACTERISTICS
See Acc #8709-A08 (Macon County) and #8709-Ao9				

23. CAN THE SUSPECT VEHICLE BE IDENTIFIED? IF NO PLACE AN X IN BOX G →

24. ← IF SUSPECT VEHICLE INFORMATION WAS GIVEN VIA RADIO COMMUNICATION PLACE AN X IN BOX 24.

23.

25. IF THE STOLEN PROPERTY IS TRACEABLE INDICATE IN THE SPACE PROVIDED BELOW IF NO PLACE AN X IN BOX H →

26. DESCRIBE PROPERTY TAKEN/DAMAGED	27. WHERE PROPERTY WAS REMOVED FROM	28. PROPERTY IDENTIFICATION INFORMATION	29. PROP VAL.
NA	NA	NA	

25.

30. WHERE HOSPITALIZED	31. ATTENDING PHYSICIAN	32. DATE/TIME PRONOUNCED	33. PRONOUNCING PHYSICIAN-WHERE	34. MEDICAL EXAMINER NOTIFIED NAME	TOTAL VALUE
St. Marys ER	Dr. Kamm	9/5/87;6:38PM	Dr. Kamm #30	Coroner #1 C. Valas	0

35. IS THERE A SIGNIFICANT M.O. PRESENT? IF YES DESCRIBE IN NARRATIVE IF NO PLACE AN X IN BOX I →

36. PROPERTY INV. NO.	37. NATURE OF INJURY	38. POINT OF CRIME	39. TYPE OF WEAPON, INSTRUMENT OR FORCE USED
	Severe Internal Injuries		

35.

40. IS THERE SIGNIFICANT PHYSICAL EVIDENCE PRESENT? IF YES DESCRIBE IN NARRATIVE IF NO PLACE AN X IN BOX J →

41. TECH WORK DONE BY

HAS AN EVIDENCE TECHNICIAN BEEN CALLED? IF NO PLACE AN X IN BOX K

IS EVIDENCE TECHNICIAN REPORT POSITIVE? IF NO PLACE AN X IN BOX K →

40.

42. IS THERE A SIGNIFICANT REASON TO BELIEVE THAT THE CRIME MAY BE SOLVED WITH A REASONABLE AMOUNT OF INVESTIGATIVE EFFORT? IF NO PLACE AN X IN BOX L →

41.

43. WAS THERE A DEFINITE LIMITED OPPORTUNITY FOR ANYONE EXCEPT THE SUSPECT TO COMMIT THE CRIME? IF NO PLACE AN X IN BOX M →

42.

44. NARRATIVE: SUMMARIZE DETAILS OF CRIME INCLUDING A DESCRIPTION OF EVENTS; ANY ADDITIONAL INFORMATION WHICH IS AN EXTENSION OF ANY OF THE ABOVE BOXES; NAMES OF ARRESTED; NAMES OF OTHER OFFICERS OR UNITS ASSISTING.

43.

On Sept. 5,1987 at approx. 2:52PM this officer arrived at scene of ~~serious~~ personal injury Accident. (#6) Dep. C. Gessford arrived just prior and was investigating another Accident just approx 300Ft. south of this officers. Both Accidents consisted of two motor vehicles and are related. According to witness's Victim was Northbound on Rt 48 and drove onto eastside grass off roadway to avoid 1st Accident then veered into path of oncoming driver heading south bound. Victim transported to #30 and later died #37

ASSIST ASSIST ASSIST ASSIST ASSIST

45. IS ONE OR MORE OF THE SOLVABILITY FACTORS PRESENT IN THIS REPORT?
☑ YES (FIELD FOLLOWUP) ☐ NO (OFFICE REVIEW)

46. REPORTING OFFICERS: Dep. J. Anderson ASSIGNED BEAT #: 1604

51. See #8709-A08/A09 and supplements.
1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. UCR
5. REVIEW
6. NEWS MEDIA

FIELD SUPERVISORS REVIEW
47. ☐ COMPLETE ☐ CONCUR ☐ RECOMMEND

PHOTOGRAPHS TAKEN #8709-A08 FATAL ACC.

48. ☒ OPEN ☐ ARREST ☐ NO

50. LEADS #

1

MACON COUNTY SHERIFF'S DEPARTMENT, DECATUR, ILLINOIS — CRIME INVESTIGATION REPORT

PAGE OF

SUPPLEMENT REPORT

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☐ FORM USED AS CONTINUATION SHEET FOR CURRENT (ORIG.) REPORT ☒ FORM USED TO REPORT FOLLOW UP INVESTIGATION.
2. CR. NO. (ORIGINAL ONLY): 8709-024
3. CHECK ONE AND ENTER NAME: ☐ ARRESTEE ☐ COMPLAINANT ☒ DRIVER ☒ VICTIM ☐ WITNESS [redacted]
4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT): 2 MV Fatality Accident ☐ UNFOUNDED
5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION): Same See Reports 8709-A08and A09
6. STATUS FOR BOX 5: ☐ CLEARED ☐ UNFOUNDED ☐ NOT CLEARED ☐ ADM. CLOSING
7. ARE ALL PERSONS INVOLVED UNDER 18 YRS. OLD: ☐ YES ☐ NO
8. MULTIPLE CLEAR-UP ☐ YES ☐ NO — LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.
9. PROP. RECOVERED $ ☐ YES ☐ NO
10. PROP. INVENTORY # ☐ YES ☐ NO
11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

CLEARED BY: ☐ ARREST ☐ NO ARREST ☐ NO PROSECUTION ☐ WARRANT ADVISED
FOLLOW UP BY: ☐ PATROL ☐ TRAFFIC ☐ FILE ☐ C.I.S.
REVIEWER: RANK:

12. LOCATION OF ORIGINAL INCIDENT: Rt 48 1/10th mile south of Cnty 41
13. DATE OF ORIGINAL REPORT: 9-5-87
14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT: NA

NARRATIVE:

This officer was detailed to a multicar accident with injuries at 2:41PM on 9-5-87. Upon arrival at 2:52PM I observed two vehicles on the westside shoulder of the southbound lanes of Rt 48 just 1/10th south of Cnty Hwy 41. Dep. Gessford who was also detailed to this Accident was already on the scene of another Accident some 300ft south of myself.Gessford had arrived just seconds prior to myself and had gone to the aid of victims just south of the accident scene I stopped at. Both scenes of the accidents had seriously injured persons present. Arriving shortly there after were rescue units from So. Macon,Blue Mound, and So. Wheatland Fire Depts. Das had 1 unit responding and both myself and Dep. Gessford advised for additional DAS unit for transport.

This officer checked status of two injured drivers at my scene. One was a young W/M(later identified as [redacted] who was located in a Gry Color Toyota. He was conscious but not able to speak or really respond to questions. He was being looked after by a female subject and reassured. He was not moved until DAS unit arrived and subsequently transported him to St. Mary's ER.

The other driver was a W/F by the name of [redacted]. She was driving a Tan/or Lt/ Brn Oldsmobile station wagon. She appeared to have injured her head,shoulder,arms. She too was being looked after by some people who had stopped at the scene. All I remember her saying was that she did'nt see the other car till it was too late. She was also transported to St. Marys ER by DAS.

From what I could observe at that time it appeared that [redacted] had been going southbound on Rt. 48 and that [redacted] had somehow been preseding northbound and got in the wrong lane. The Oldsmobile Station Wagon had collided with the Toyota almost head on. (the front passenger area of the station wagon had impacted the front passenger side tire,door area of the Toyota. The Toyota Vehicle absorbed the greater amount of force then the Olds-Stat. Wagon. See Photo's.

After the two drivers were transported to the Hospital I spoke to a [redacted] (W3) who was driving southbound on Rt 48 approx. 3-5 car lenghts behind [redacted] Stat. Wagon. He stated that they were both traveling approx. 50MPH when a major collision happened down the road to the south of there vehicled. He saw the Stat. Wagon break lights go on and off 1 or 2 times then a Gry Car came from the other eastside lane(oncoming NB Lane) and veered right in front of the Stat. Wagon at which time another almost Head on Collision happened. [redacted] came to a stop just to rear of this accident.

15. REPORTING OFFICERS: Dep J. Anderson I.D. # 1607 DATE 9-7-87

See next page

16. SUPERVISOR'S REVIEW: ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW

SUPPLEMENT REPORT

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☐ FORM USED AS CONTINUATION SHEET FOR CURRENT (ORIG.) REPORT
☒ FORM USED TO REPORT FOLLOW UP INVESTIGATION.

2. CR. NO (ORIGINAL ONLY) 8709-024

3. CHECK ONE AND ENTER NAME → ☐ ARRESTEE ☐ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS [redacted]

4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT) fatal ☐ UNFOUNDED

5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION) See Lpts [redacted]

CLEARED BY ☐ ARREST ☐ NO PROSECUTION ☐ NO ARREST ☐ WARRANT ADVISED

6. STATUS FOR BOX 5 ☐ CLEARED ☐ UNFOUNDED ☐ NOT CLEARED ☐ ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS OLD ☐ YES ☒ NO

FOLLOW UP BY ☒ PATROL ☐ FILE ☐ TRAFFIC ☐ C.I.S.

8. MULTIPLE CLEAR-UP ☐ YES ☐ NO
LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP. RECOVERED $ ☐ YES ☒ NO

REVIEWER Sullivan RANK Lt.

10. PROP. INVENTORY # ☐ YES ☒ NO

11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

12. LOCATION OF ORIGINAL INCIDENT Cnty 48 1/10th S. of Cnty

13. DATE OF ORIGINAL REPORT 41 9-5-87

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT NA

NARRATIVE:

Continued from P. 2--

[redacted] could not give any more specific information concerning how the Gry Vehicle (Toyota) came to swerve in front of the Stat. Wagon other than it came from no where. [redacted] stated he had focused on the 1st Accident and then the Stat. Wagon break lights and then observed the Gry Car come from the East side shoulder area. He did not see were the Gry car was in relation to the 1st Accident. [redacted] also stated that he did not notice any other vehicles going northbound just prior or at the time of the 1st Accident.

After speaking to [redacted] I checked the Eastside shoulder of Rt. 48 which is 10ft wide approx. It also is a grassy area that runs from the edge of the roadway for 10ft and gradually turns into a drainage type of ditch. (the ditch would only be some 3-4ftdeep in that area). In that area between the two accidents it can be observed that a vehicle had driven along it then re-entered the roadway. As this vehicle re-entered the roadway it appears that the vehicle swerves,jumps,slides at approx. a 45 degree angle straight into the oncoming lane of traffic. At that point there are 3 fresh visible scrapes or gouge marks from where the under frame of the Toyota were crushed down to the pavement at the time of impact. The distance the Toyata traveled from point it re-entered roadway to point of impact was 78'. During that 78'ft. there are only traces of some rubber tires where marks appear to have been left from combination of vehicle swerving/veering/sliding into oncoming lane of traffic. It appears the driver of Toyota was unable to apply brakes fast ~~mf~~ enough to leave any substantial skids. No skid marks were found in area of path of the oncoming station wagon driven by [redacted].

This officer was present at time of interviews with witness #2 ([redacted])andW1 ([redacted] which were conducted the following day(Sat 9-6-87). Dep. Gessford was also present. From those interviews it can be confirmed that the Victim([redacted] (driver of the Gry Toyota) was driving NB on Rt. 48 behind the Blk Ford T-Bird at the time that the Ford became involved in the 1st Accident that Dep. Gessford has investigated.The speed has been estimated at approx 50-55MPH. (See Dep. Gessford Reports) The above witness's stated they were aware of a Gry Vehi cle that went to the eastside shoulder and preceded north of the 1st Acc. This Vehicle was behind the Blk Ford approx 2-3 car lenghts.

This officer was also present with Dep. Gessford when he interviewed [redacted]. See Acc#8709-A09 for further information.

Also #8709-032

15. REPORTING OFFICERS Dep Anderson I.D. # 1604 DATE 9-7-87

16. SUPERVISOR'S REVIEW ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

SUPPLEMENT REPORT

PAGE 4 OF 4

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☐ FORM USED AS CONTINUATION SHEET FOR CURRENT (ORIG.) REPORT
☒ FORM USED TO REPORT FOLLOW UP INVESTIGATION.

2. CR. NO. (ORIGINAL ONLY) 8709-024

3. CHECK ONE ☐ ARRESTEE ☐ COMPLAINANT ☐ DRIVER ☒ VICTIM ☒ WITNESS
AND ENTER NAME [redacted] (Fatality)

4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT)
2 MV Fatality Accident ☐ UNFOUNDED

5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION)
Same

CLEARED BY ☐ ARREST ☐ NO PROSECUTION ☐ NO ARREST ☐ WARRANT ADVISED

6. STATUS FOR BOX 5 ☑ CLEARED ☐ UNFOUNDED ☐ NOT CLEARED ☐ ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS. OLD ☐ YES ☒ NO

FOLLOW UP BY ☒ PATROL ☐ FILE ☐ TRAFFIC ☐ C.I.S.

8. MULTIPLE CLEAR-UP ☐ YES ☐ NO
LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP. RECOVERED $ N/A ☐ YES ☐ NO

REVIEWER York RANK Sgt.

10. PROP. INVENTORY # ☐ YES ☒ NO

11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO
☒ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

12. LOCATION OF ORIGINAL INCIDENT
Rt 48 1/10mile south of Cnty 41

13. DATE OF ORIGINAL REPORT 9-5-87

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT NA

NARRATIVE:

Upon investigation this officer was able to ascertian certian facts involved in the accident:

-Victim driver was behind a Blk Ford T-Bird traveling NB on Rt. 48 at approx.50-55mph.
-Victim was approx. 2-3 car lenghts behind this veh.
-In front of the Blk T-Bird was another Vehicle Make/color unclear at this time.(Witness's and drivers unsure)
-Just north of Boody,Ill Driver of the Blk T-Bird stated the vehicle in front of him applied brakes and skidded. This driver [redacted] then stated he applied his brakes hard and skidded into another car headed southbound thus causing a major accident.(see Dep. Gessford Report8709-A09)
-At that time of the accident Victim manuevered his vehicle to the right shoulder of the road which is almost exclusively grass and is approx. 10ft wide.
-After approx. 10ft the shoulder turns into a drainage ditch which is about 3-4ft deep.(Gentle Gradient)
-The Victim continued northbound along this shoulder 298Ft before attempting to get back on the roadway. Loss
-There were no signs of skids or major loss of control during the 298 ft victims vehicle traveled on that grassy shoulder.
-The marks left in the grass do show slight weave pattern and come close to ditch that adjoins that shoulder.
-From the evidence available and statements from drivers involved as well as witness drivers in area it has been determined that victims went around the 1st accident on the shoulder. When victim tried to re-enter the road way he lost control just long enough to swerve into the southbound traffic lane at which point he was hit head on, on his passenger side front quarter panel.
-The driver of vehicle which collided with Victims stated she had no time to brake and ran directly into Victims Veh. No skid marks were present from her Veh. See Acc. Report and diagrams.
-Witness #3 ([redacted]) stated he was several Car lenghts behind [redacted] Veh. before she hit Victims Gry Toyota. He stated there approx speed was 50-55Mph just prior to Accident. All he saw was a gry car swerve directly into path of [redacted] Vehicle from the east side shoulder. This was just seconds after the 1st Accident. See statements of witness's #1 and #2.

15. REPORTING OFFICERS Dep. J. Anderson I.D. # 1604 DATE 9-6-87

16. SUPERVISOR'S REVIEW ☐ COMPLETE ☐ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

4. TIME OF OCCURENCE: M. 9 D. 5 Y. 87 T. 1400 | 5. WHEN ANY WERE REPORTED: M 9 D 5 Y 87 T 1451 #6 | 6. LOCATION OF OFFENSE (HOUSE NO. STREET NAME): 780f w.ofc041 on rt48

7. VICTIMS NAME (LAST, FIRST, MIDDLE) OR FIRM NAME IF BUSINESS: State of Illinois | 8. VICTIMS ADDRESS (HOUSE NUMBER, STREET NAME): [redacted] | 9. RESIDENCE PHONE DAY NIGHT

10. VICTIMS PLACE OF EMPLOY. OR SCHOOL NAME: Macon County sheriffs office | 11. BUSINESS PHONE DAY NIGHT | 12. SEX / RACE / AGE VICTIMS | 13. PERSON REPORTING-SIGNATURE-DATE

14. IF ARREST IS MADE; NAME ARRESTEES IN NARRATIVE. PLACE THE NUMBER OF ARRESTEES IN BOX A. IF NONE PLACE AN X IN BOX A → X

15. INDICATE WITH PROPER CODE IN BOXES PROVIDED PERSONS RELATIONSHIP TO INVESTIGATION W-1 WITNESS #1. W-2 WITNESS #2. R-REPORTING PERSON. P/K PERSON WITH KNOWLEDGE (INCLUDING REPORTING PERSONS NAME IF DIFFERENT FROM VICTIMS).

ADDRESS CHECKED	API. #	PERSON INTERVIEWED		INFORMATION PROVIDED-USE NARRATIVE IF NEEDED
[redacted]		[redacted]	W/1	seesupplement and 8709-A-09
[redacted]		[redacted]	W/2	see supplement
" " "		[redacted]	p/k	see supplement
mso				

16. WAS THERE A WITNESS TO THE CRIME? IF NO PLACE AN X IN BOX B → 16.

17. CAN A SUSPECT BE NAMED? IF NO PLACE AN X IN BOX C →

SUSPECT #1 (NAME INCLUDE ANY A-K-A INFO)	SUSPECT #2 (NAME INCLUDE ANY A-K-A INFO)	SUSPECT #3 (NAME INCLUDE ANY A-K-A INFO)

17.

18. CAN A SUSPECT BE LOCATED? IF NO PLACE AN X IN BOX D →

SUSPECT #1 MAY BE LOCATED AT	SUSPECT #2 MAY BE LOCATED AT	SUSPECT #3 MAY BE LOCATED AT

18.

19. CAN A SUSPECT BE DESCRIBED? IF NO PLACE AN X IN BOX E →

SUSPECT #1 DESCRIPTION	SUSPECT #2 DESCRIPTION	SUSPECT #3 DESCRIPTION

DESCRIBE EACH SUSPECT - USING AGE, SEX, RACE, HEIGHT, WEIGHT, ANY IDENTIFYING SCARS, MARKS AND CLOTHING DESCRIPTION

19.

20. CAN A SUSPECT BE IDENTIFIED? IF NO PLACE AN X IN BOX F →

21. ← IF SUSPECT INFORMATION HAS BEEN GIVEN OUT VIA RADIO COMM. PLACE AN X IN BOX 21. | USING APPROPRIATE CODE IN THE BOXES PROVIDED-INDICATE WHO CAN IDENTIFY SUSPECT

20.

22. FILL IN LICENSE PLATE INFORMATION IF IT IS AVAILABLE.

MODEL/MAKE	YEAR	TYPE	COLOR TOP/BOTTOM	IDENTIFYING CHARACTERISTICS
pont/olds	68-9	sedan	blue dk or pupple	

23. CAN THE SUSPECT VEHICLE BE IDENTIFIED? IF NO PLACE AN X IN BOX G →

24. ← IF SUSPECT VEHICLE INFORMATION WAS GIVEN VIA RADIO COMMUNICATION PLACE AN X IN BOX 24.

23.

25. IF THE STOLEN PROPERTY IS TRACEABLE INDICATE IN THE SPACE PROVIDED BELOW IF NO PLACE AN X IN BOX H → 25.

26. DESCRIBE PROPERTY TAKEN/DAMAGED	27. WHERE PROPERTY WAS REMOVED FROM	28. PROPERTY IDENTIFICATION INFORMATION	29. PROP. VAL.

30. WHERE HOSPITALIZED	31. ATTENDING PHYSICIAN	32. DATE/TIME PRONOUNCED	33. PRONOUNCING PHYSICIAN-WHERE	34. MEDICAL EXAMINER NOTIFIED NAME	TOTAL VALUE

35. IS THERE A SIGNIFICANT M.O. PRESENT? IF YES DESCRIBE IN NARRATIVE IF NO PLACE AN X IN BOX I →

36. PROPERTY INV. NO.	37. NATURE OF INJURY	38. POINT OF CRIME	39. TYPE OF WEAPON, INSTRUMENT OR FORCE USED

35.

40. IS THERE SIGNIFICANT PHYSICAL EVIDENCE PRESENT? IF YES DESCRIBE IN NARRATIVE IF NO PLACE AN X IN BOX J → 40.

41. TECH WORK DONE BY HAS AN EVIDENCE TECHNICIAN BEEN CALLED? IF NO PLACE AN X IN BOX K
IS EVIDENCE TECHNICIAN REPORT POSITIVE? IF NO PLACE AN X IN BOX K → X 41.

42. IS THERE A SIGNIFICANT REASON TO BELIEVE THAT THE CRIME MAY BE SOLVED WITH A REASONABLE AMOUNT OF INVESTIGATIVE EFFORT? IF NO PLACE AN X IN BOX L → 42.

43. WAS THERE A DEFINITE LIMITED OPPORTUNITY FOR ANYONE EXCEPT THE SUSPECT TO COMMIT THE CRIME? IF NO PLACE AN X IN BOX M → 43.

44. NARRATIVE: SUMMARIZE DETAILS OF CRIME INCLUDING A DESCRIPTION OF EVENTS; ANY ADDITIONAL INFORMATION WHICH IS AN EXTENSION OF ANY OF THE ABOVE BOXES; NAMES OF ARRESTED; NAMES OF OTHER OFFICERS OR UNITS ASSISTING.

On 090587 at 14:45 this officer along with Aux. Lt. Moore and Dep. Anderson who was detailed
at 14:41 where sent to the area of County highway 41 and rt48 in reference to a accident. ASSIST
Upon arrival six people where transported to the hospital and later this date one of the ASSIST
subjects in Dep. Anderson report 8709-A-08 expired. See diagrams, accident report page ASSIST
one and two of 8709-A-09 and Dep. Andersons reports 8709-A-08 and 8709-0243 also ASSIST
several pictures where taken. Investigation continuing no arrest at this time. ASSIST

45. IS ONE OR MORE OF THE SOLVABILITY FACTORS PRESENT IN THIS REPORT? ☐ YES (FIELD FOLLOWUP) ☐ NO (OFFICE REVIEW)

46. REPORTING OFFICERS: Dep C Leafgren | ASSIGNED BEAT #: 1716 SW

51. 1. FILE 2. INVESTIGATION 3. STATES ATTORNEY 4. UCR 5. REVIEW 6. NEWS MEDIA

FIELD SUPERVISORS REVIEW
47. ☐ COMPLETE ☐ CONCUR RECOMMEND

PHOTOGRAPHS TAKEN
48. ☒ YES ☐ NO

49. ☒ OPEN ☐ ARREST ☐ NO ARREST

50. LEADS #

MACON COUNTY SHERIFF'S DEPARTMENT, DECATUR, ILLINOIS — CRIMINAL INVESTIGATION REPORT

PAGE OF

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☒ FORM USED AS CONTINUATION [illegible] FOR CURRENT (ORIG.) REPORT ☐ FORM USED TO REPORT FOLLOW [illegible] INVESTIGATION.

2. CR. NO. (ORIGINAL ONLY): 8709-032

3. CHECK ONE AND ENTER NAME → ☐ ARRESTEE ☒ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS: State of Illinois

4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT): Personal Injury accident ☐ UNFOUNDED

5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION): same

CLEARED BY: ☐ ARREST ☐ NO PROSECUTION ☐ NO ARREST ☐ WARRANT ADVISED

6. STATUS FOR BOX 5: ☐ CLEARED ☐ UNFOUNDED ☐ NOT CLEARED ☐ ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS. OLD: ☐ YES ☐ NO

FOLLOW UP BY: ☐ PATROL ☐ FILE ☐ TRAFFIC ☐ C.I.S.

8. MULTIPLE CLEAR-UP ☐ YES ☐ NO. LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP. RECOVERED $ ☐ YES ☐ NO

REVIEWER: RANK:

10. PROP. INVENTORY # ☐ YES ☐ NO

11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

12. LOCATION OF ORIGINAL INCIDENT: Rt48 780 SW of co.hwy41

13. DATE OF ORIGINAL REPORT: 090587

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT:

NARRATIVE: See Dep. Anderson's reports for relation 8709-A-08 8709-024

On 090587 at 14:45 this officer was detailed along with Aux. Lt. Warren Moore who was riding with this officer where detailed to the area of RT48 just Southwest of Wyckles rd. or County Highway 41 in reference to a four car personal injury accident. Upon arrival at 14:51 about 1/10 of a mile Southwest of County highway 41 I obsevped two vehicles a brown Oldsmobile station wagon and a silver Toyota and upon stopping I was advised by a male subject that about 300 feet from this accident to the Southwest there were two more vehicles that had been involved in a accident and that a man was laying in the roddway and that he needed attention first. Ithen asked this subject how many people we had hurt and he stated there where five to eight people injuried. I then related this information to the dispatcher and requested for additional emergency units. I then proceeded to the second accident and upon arriving there I observed a black thunderbird in the Southwest lane facing West 1984 Ford model license [redacted] which belongs to a [redacted] and at the time did not contain any occupants. I then observed the silver 1983 Honda four door accord license [redacted] which was in the West ditch facing South and still occupied by the driver a [redacted] M/W [redacted] and his wife in the front passenger seat [redacted] F/W 41. I then observed a white male(who was identifed by the driver of the Thunderbird) laying in the Southwest bound lane with his head point West and feet pointing East. This subject who was laying prone face up was identified as [redacted] M/W 52years.

As people who where attending to [redacted] and the [redacted] who where trapped in their vehicle I looked the scene over and saw debris everywhere in the roadway but noticed a beer can labeled Pabst Blue Ribbon in the middle of the roadway among other debris. Upon approaching the can I observed the beer can to be open and slightly crushed and upon picking the can up I noticed the exterior to be wet and cool along with the can containing a small amount of liquid which smell of beer. I then looked at the position of the can and by sight observation placed the can in the middle of the roadway setting straight up about five feet to the East of [redacted] and two feet to the North; 2o feet to the South of the Thunderbird where the Thunderbird finnally stopped after impact.

I then placed this can in my unit for possible evidence and then went back to my first duty to see to the injuried. Upon seeing that the injuried where being treated by members of the So. Macon, So. Wheatland and Blue Mound fire department along with the first of the ambulance units arriving I then went to the open passenger door of the thunderbird and stuck my head inside and could only smell a slight scent of beer coming from the vehicle.

15. REPORTING OFFICERS: Dep C. Anderson I.D. 1216 DATE 9-5-87

16. SUPERVISOR'S REVIEW: ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. [X] FORM USED AS CONTINUATION FOR CURRENT (ORIG.) REPORT
[ ] FORM USED TO REPORT FOLLOW UP INVESTIGATION.

2. CR. NO (ORIGINAL ONLY) 8709-032

3. CHECK ONE AND ENTER NAME [ ] ARRESTEE [X] COMPLAINANT [ ] DRIVER [ ] VICTIM [ ] WITNESS
State of Illinois

4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT)
Personal injury accident [ ] UNFOUNDED

5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION)
same

CLEARED BY [ ] ARREST [ ] NO PROSECUTION [ ] NO ARREST [ ] WARRANT ADVISED

6. STATUS FOR BOX 5 [ ] CLEARED [ ] UNFOUNDED [X] NOT CLEARED [ ] ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS. OLD [ ] YES [ ] NO

FOLLOW UP BY [ ] PATROL [ ] FILE [ ] TRAFFIC [ ] C.I.S.

8. MULTIPLE CLEAR-UP [ ] YES [ ] NO
LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP. RECOVERED $ [ ] YES [ ] NO

REVIEWER RANK

10. PROP. INVENTORY # [ ] YES [ ] NO

11. EVIDENCE TECHNICIAN REPORT [ ] YES [ ] NO [ ] PHOTO [ ] F. PRINT [ ] I.D. KIT [ ] OTHER

12. LOCATION OF ORIGINAL INCIDENT
780ft SW of co41 on rt48

13. DATE OF ORIGINAL REPORT
090587

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT

NARRATIVE:

I then made a visual observation of the interior and could not see anything of possible evidence in the front seat and looked into the back passenger area and saw a white top and red bottom small cooler and nothing else.

I then proceeded to the drivers side and upon looking into the vehicle from the outside I could see two cans that where under the cooler and that one of the cans was open. I then opened the door and checked inside the cooler to which I found nothing other than some ice and water. Picking the cooler up I found that what I had observed earlier to be a open can of Pabst blue ribbon beer can with some small amount of liquid which smelled of beer in the bottom of the can and the other can was that of a Pabst blue ribbon can but this can was not open. I secured the open can for possible evidence and left the full can and the cooler in the vehicle; no other evidence was found.

I was then approached by a [redacted] and Her husband [redacted] who stated they were about a quarter mile behind the Thunderbird when the accident happened and that they had the [redacted] child [redacted] M/W 17months. I then looked at the child to see if he was hurt and noticed some blood on his lower lip and [redacted] stated that he had a minor cut to his lip on the inside. [redacted] further advised that she removed the child prior to our arrival from the child restraint seat on the passenger side rear seat of the [redacted] vehicle and that [redacted] advised her to take care of the child.

I then found the driver of the Thunderbird an [redacted] M/W 072439 I then asked [redacted] if he was hurt and [redacted] stated that his leg was in a lot of pain but did not want to be taken to the hospital. A [redacted] M/W age unknown at this time (appeared to be in his late forty's) was with [redacted] in the Thunderbird and was seated in the back passenger seat #6, [redacted] stated that his ribs where hurting but refused medical treatment. I then asked [redacted] to blow into this officer face to which [redacted] did twice and upon smelling [redacted] breath I could only detect a very slight scent of alcoholic beverage(beer) in [redacted] breath. During this time I was observing [redacted] actions and at any time [redacted] did not give this officer the impression that he was intoxicated only in shock. [redacted] continued to walk around the area checking on [redacted] and still gave no impression as to intoxication and was limping badly do to his injury.
I then focused my attention back on the [redacted] child to check with the parents [redacted] to see if the [redacted] had their permission to take possession

15. REPORTING OFFICERS Dep C Gessford 1716 I.D. # DATE 9-5-87

16. SUPERVISOR'S REVIEW [ ] COMPLETE [X] CONCUR [ ] RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☒ FORM USED AS CONTINUATION FOR CURRENT (ORIG.) REPORT ☐ FORM USED TO REPORT FOLLOW INVESTIGATION.
2. CR. NO. (ORIGINAL ONLY) 8709-032
3. CHECK ONE ☐ ARRESTEE ☒ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS AND ENTER NAME — State of Illinois
4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT) Personal injury accident ☐ UNFOUNDED
5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION) same
6. STATUS FOR BOX 5 ☐ CLEARED ☒ NOT CLEARED ☐ UNFOUNDED ☐ ADM. CLOSING
7. ARE ALL PERSONS INVOLVED UNDER 18 YRS. OLD ☐ YES ☐ NO
8. MULTIPLE CLEAR-UP ☐ YES ☐ NO LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.
9. PROP. RECOVERED $ ☐ YES ☐ NO
10. PROP. INVENTORY # ☐ YES ☐ NO
11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER
12. LOCATION OF ORIGINAL INCIDENT 780ft. SW of co41 on rt48
13. DATE OF ORIGINAL REPORT 090587
14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT

CLEARED BY ☐ ARREST ☐ NO ARREST ☐ NO PROSECUTION ☐ WARRANT ADVISED

FOLLOW UP BY ☐ PATROL ☐ TRAFFIC ☐ FILE ☐ C.I.S.

REVIEWER RANK

NARRATIVE:

of [redacted] and transported the child to St.Marys in their own vehicle. [redacted] stated that would be ok and to call a [redacted] to go to St.Marys and take possesion of the child once they arrive.

Upon the [redacted] being transported (after being freed from the wreckage) along with [redacted] and [redacted] advising me that he and [redacted] ~~where~~ Were going to St. Marys, [redacted] myself and [redacted] start taking pictures and measurements. [redacted] took twelve pictures of the accident scene, (on 090687 I took about ten more or pitcures of the scene). Upon taking pictures of the scene myself and [redacted] took the measurements.

Upon completion at the scene I then proceeded to St.Marys at 16:56. Upon arrival at St.Marys I found out that [redacted] and [redacted] through [redacted] wife that they did not come into the hospital and that [redacted] was at home in shock. A few minuetes later we found out that the [redacted] subject in Dep. [redacted] accident may not live, so I contacted the office to have them place holds on all the vehicles that where involved in the accident.

While at the hospital I was only able to speak with [redacted] who advised this officer he could recall going about 45mph when this ~~back~~ black car came over into his lane and that the accident happened so fast he did not have time to react by apply his brakes. [redacted] stated that nothing unusual happened just prior to accident and nothing was in the roadway.

While still at the scene I spoke with [redacted] and a [redacted] stated that he was about a ¼ mile behind the Thunderbird which had a silver Toyota (Toyota from Dep. [redacted] accident) behind the Thunderbird and could not see anything (because his view was obstructed) in front of the Thunderbird. [redacted] went onto say that the Thunderbird went out of control and skidded into the direction of travel of the Honda and at that time they collidied. [redacted] stated that the Toyota went around the Thunderbird onto the West grass shoulder and continued North.

[redacted] then stated that he stopped to let his wife out so he could go back to Boody and call for the police and while stopping he saw the Toyota flying into the air. [redacted] stated the same further advising that the [redacted] subject flew out of the Thunderbird and into the Honda which when he hit the Honda he was thrown back into the roadway.

15. REPORTING OFFICERS Dep C. Gosford I.D. # 1726 DATE 9-5-87

16. SUPERVISOR'S REVIEW [signature] ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☒ FORM USED AS CONTINUATION FOR CURRENT (ORIG.) REPORT ☐ FORM USED TO REPORT FOLLOW UP INVESTIGATION.
2. CR. NO. (ORIGINAL ONLY) 8709-032
3. CHECK ONE AND ENTER NAME → ☐ ARRESTEE ☒ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS
State of Illinois
4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT)
Personal injury accident ☐ UNFOUNDED
5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION)
same

CLEARED BY ☐ ARREST ☐ NO PROSECUTION ☐ NO ARREST ☐ WARRANT ADVISED

6. STATUS FOR BOX 5 ☐ CLEARED ☐ UNFOUNDED ☒ NOT CLEARED ☐ ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS. OLD ☐ YES ☐ NO

FOLLOW UP BY ☐ PATROL ☐ FILE ☐ TRAFFIC ☐ C.I.S.

8. MULTIPLE CLEAR-UP ☐ YES ☐ NO
LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP. RECOVERED $ ☐ YES ☐ NO

REVIEWER RANK

10. PROP. INVENTORY # ☐ YES ☐ NO

11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

12. LOCATION OF ORIGINAL INCIDENT
780 ft. sw of coll on rt48

13. DATE OF ORIGINAL REPORT
090587

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT

NARRATIVE:

I then spoke with [redacted] who stated that he was behind the Honda traveling about 50 to 55 mph and he observed the Honda to be going at slower speed which [redacted] stated he believed their speed to be around 45mph. [redacted] further stated that the Thunderbird then came over into the Hondas lane real fast and that the Honda did not have time to get out of the way. I asked [redacted] if he saw a car in front of the Thunderbird and [redacted] stated that he did but could not recall what kind of car it was.

I advised all parties that I will be in contact at a later time for reinterviews.

Later this date while myself and Dep. Anderson arrived back at the sheriffs Dept. ~~there~~ we were ~~then~~ informed at 18:38pm that [redacted] had expired at St.Marys. At 19:00 myself and Dep. Anderson went to Soy City towing to look the vehicles over agian and during that time I found that someone unknown had ~~removed~~ removed the cooler and the other full can of Pabst from the vehicle along with several packs of cigerettes. I checked later with the Soy city towing and they stated that by their records that [redacted] had cleaned the car out earlier.

See pictures taken diagrams one and two and further written statements and followups. also see Dep. Andersons reports 8709-024 and 8709-A-08

Note: there was one skid mark in the North bound lane at the scene of the accident that measured 206 feet. This mark was pictured along with the others and to this officer belief may have some being as to the vehicle that skidded in front of the [redacted] prior to the accident. Only one tire skid was found and was not included in the diagrams for the purpose of limited space. This skid started in the area that I detecte that [redacted] ~~the~~ vehicle applied his brakes and the skid procided on North in a straight line going on for another four feet past the impact point of the Thunderbird an Honda.

15. REPORTING OFFICERS Dep C Lenfard I.D. # 1716 DATE 9-5-87

16. SUPERVISOR'S REVIEW [signature] ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

PAGE ___ OF ___

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☐ FORM USED AS CONTINUATION [illegible] OR CURRENT (ORIG.) REPORT ☒ FORM USED TO REPORT FOLLOW UP INVESTIGATION.
2. CR. NO. (ORIGINAL ONLY) 8709-032
3. CHECK ONE. ☐ ARRESTEE ☒ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS AND ENTER NAME → State of Illinois
4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT) Personal Injury accident ☐ UNFOUNDED
5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION) same

CLEARED BY ☐ ARREST ☐ NO ARREST ☐ NO PROSECUTION ☐ WARRANT ADVISED

6. STATUS FOR BOX 5 ☐ CLEARED ☒ NOT CLEARED ☐ UNFOUNDED ☐ ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS OLD ☐ YES ☐ NO

FOLLOW UP BY ☐ PATROL ☐ TRAFFIC ☐ FILE ☐ C.I.S.

8. MULTIPLE CLEAR-UP ☐ YES ☐ NO LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP RECOVERED $ ☐ YES ☐ NO

REVIEWER RANK

10. PROP. INVENTORY # ☐ YES ☐ NO

11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

12. LOCATION OF ORIGINAL INCIDENT 780 ft. SW of co41 on rt48

13. DATE OF ORIGINAL REPORT 090687

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT

NARRATIVE:

On 090687 at 14:50 I went back to the accident scene and took several more pictures of the scene showing the impact point the blood stains and the area around the accident.

Around 15:30 I went to the intensive care unit at St. Marys to speak with [redacted] and [redacted]

I first spoke to [redacted] who was alert at the time of the interview and [redacted] advised the following: [redacted] stated that they had just past under the F412 under pass going Southwest on Rt48 when she removed her seat belt to tend to their child in the back seat and up turning around she stated about a couple minuetes transpired and that she did not have time to put her belt back on when this black car swerved over into their lane and the accident happened. [redacted] stated that her husband had no time at all to avoid the accident. [redacted] further related to me that when she turned back around she had time enough to observe what was going on in front of their vehicle and stated that there was bumper to bumper traffic in the North bound lane and observed the black car with a car in front of it and another car behind the Thunderbird procceeding North and made no defensive movements until the Thunderbird to unknown idea of [redacted] came over into their lane. [redacted] stated that she could not recall what kind of vehicle that was in front of the Thunderbird [redacted] other than a gray to beige vehicle. [redacted] furthers stated that there may have been another vehicle in front of the Thunderbird, a medsized vehicle light green in color. [redacted] stated that she observed the vehicles to be traveling at normal highway speed. [redacted] stated that there was nothing in the roadway before the accident to cause the North bound vehicles to brake or lose control that [redacted] could tell.

I spoke with [redacted] just prior to going to the hospital and [redacted] stated that the traffic was heavy in both directions and that he did not see anything unusual going until the Thunderbird darted out in front of him, also stating that there was nothing else in the roadway just prior to the collision in either lane.

I then spoke to [redacted] G M/W 52 years. [redacted] advised me that he along with [redacted] and [redacted] left Decatur to go to the ball game in St. Louis and upon returning to Decatur along the way there was casual conversation and the next thing he knew he was in the hospital. [redacted] who was in severe pain still and not in full mental state could only advise the further information. [redacted] stated that a car he thinks was a station wagon was in front of their ~~evi~~ vehicle(the Thunderbird) when the car in front of their s hit their brakes and all [redacted] could recall was skidding and waking up in the hospital.

15. REPORTING OFFICERS Dep C Gesford I.D. # 1716 DATE 9-6-87

16. SUPERVISOR'S REVIEW [signature] ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☐ FORM USED AS CONTINUATION ☒ FOR CURRENT (ORIG.) REPORT ☒ FORM USED TO REPORT FOLLOW UP INVESTIGATION.
2. CR. NO. (ORIGINAL ONLY) 8709-032
3. CHECK ONE. ☐ ARRESTEE ☒ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS AND ENTER NAME → State of Illinois
4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT) Personal injury accident ☐ UNFOUNDED
5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION) personal injury accident

CLEARED BY ☐ ARREST ☐ NO PROSECUTION ☐ NO ARREST ☐ WARRANT ADVISED

FOLLOW UP BY ☐ PATROL ☐ FILE ☐ TRAFFIC ☐ C.I.S.

REVIEWER RANK

6. STATUS FOR BOX 5 ☐ CLEARED ☐ UNFOUNDED ☒ NOT CLEARED ☐ ADM. CLOSING
7. ARE ALL PERSONS INVOLVED UNDER 18 YRS. OLD ☐ YES ☐ NO
8. MULTIPLE CLEAR-UP ☐ YES ☐ NO LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.
9. PROP. RECOVERED $ ☐ YES ☐ NO
10. PROP. INVENTORY # ☐ YES ☐ NO
11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER
12. LOCATION OF ORIGINAL INCIDENT 780 ft. SW of Co. Hwy 41 on rt48
13. DATE OF ORIGINAL REPORT 090587
14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT

NARRATIVE:

Interview with [redacted] continued:
[redacted] further advised that he had been with [redacted] for the past four hours and during that time [redacted] did not see [redacted] drink any alcoholic berverage. I asked [redacted] what kind of beer he drank and [redacted] stated that he drank natural light, [redacted] drinks Pabst Blue ribbon and [redacted] drinks Budweiser. I then asked [redacted] if he had been drinking ~~as~~ or if [redacted] was drinking in the car. [redacted] stated they he owns the Garfield tap and that he was not drinking and if he was, it could affect his liqour license and that he [redacted] did not believe [redacted] was drinking in the car; that they are against drinking in the car. I asked [redacted] if [redacted] has a drinking problem and [redacted] stated that [redacted] did not, that [redacted] drinks only on Friday and Saturday and not during the ~~s~~ week. [redacted] further advised that if [redacted] had been drinking in the back seat was not to his knowledge.

~~Later~~ Earlier in the evening on this date myself and Dep. Anderson reinterviewed [redacted] at the sheriffs office. [redacted] advised both Dep. Anderson and myself that he was North bound on rt48 behind a gray car [redacted] vehicle) and the black car [redacted] when [redacted] vehicle went out of control and drove into the on coming lane of the silver Honda(Waseen's). While this was happening [redacted] was looking down and observed the Toyota go around the Thunderbird onto the West grass shoulder and that the Toyota was not appling his brakes or did not see any brakes lights from the [redacted] vehicle when he swerved to miss [redacted] thunderbird. As [redacted] was stopping he saw the Toyota flying up in the air.

This spoke with [redacted] on the day of the accident and on 090687 around 21:30 while Dep. Anderson was interviewing him. [redacted] advised this officer that he Was Southwest bound behind the [redacted] vehicle about three car lengths when he saw the Thunderbird come over into the [redacted] vehicle. [redacted] advised he was traveling approximately 45 to 50 miles a hour and was gaining on the [redacted] vehicle just prior to the accident and further stated that he did see the [redacted] doing anything unusual just prior to the accident. [redacted] further stated that there was a vehicle in front of the [redacted] vehicle and that he could not see that vehicle doing any out of the unordinary, his attention was focused on the cars in front of his.

[redacted] could not advise what the vehicle in front of the [redacted] vehicle looked like and stated that when the accident happened he was right behind the Honda when the Honda and the Thunderbird collided, so at that point [redacted] was looking for a way to avoid hitting the car in front of [redacted] and the collsion

15. REPORTING OFFICERS [signature] I.D. # 1216 DATE 9-6-89
16. SUPERVISOR'S REVIEW [signature] ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☐ FORM USED AS CONTINUATION FOR CURRENT (ORIG.) REPORT
☒ FORM USED TO REPORT FOLLOW UP INVESTIGATION.

2. CR. NO. (ORIGINAL ONLY) 8709-032

3. CHECK ONE AND ENTER NAME → ☐ ARRESTEE ☒ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS
State of Illinois

4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT)
Personal injury accident ☐ UNFOUNDED

5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION)
same

CLEARED BY ☐ ARREST ☐ NO PROSECUTION ☐ NO ARREST ☐ WARRANT ADVISED

6. STATUS FOR BOX 5 ☐ CLEARED ☐ UNFOUNDED ☐ NOT CLEARED ☐ ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS OLD ☐ YES ☐ NO

FOLLOW UP BY ☐ PATROL ☐ FILE ☐ TRAFFIC ☐ C.I.S.

8. MULTIPLE CLEAR-UP ☐ YES ☐ NO
LIST OTHER C.R. NO'S IN NARRATIVE. MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP. RECOVERED $ ☐ YES ☐ NO

REVIEWER RANK

10. PROP. INVENTORY # ☐ YES ☐ NO

11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

12. LOCATION OF ORIGINAL INCIDENT
780ft. SW of co41 on rt48

13. DATE OF ORIGINAL REPORT
090587

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT

NARRATIVE:

between [redacted] and [redacted] vehicle when they ~~[illegible]~~ PARTED it gave [redacted] enough room to move or drive through the accident without ~~stricking~~ STRIKING the two cars or [redacted] who was thrown into the air.

At 20:45 I spoke with the driver of the thunderbird at the sheriffs office, a [redacted] M/W 072439. I advised [redacted] of his miranda rights with Dep. Anderson present and [redacted] signed the rights form further stating he would speak without an attorney. I asked [redacted] to advise me his actions on the day Of 090587. [redacted] stated he along with [redacted] and [redacted] where enroute to St. Louis to get tickets for that nights baseball game and stopping in Blue Mound for gas. [redacted] stated they left Decatur around 10:30am and upon getting gas in Blue Mound they proceeded onto St.Louis till they got around [redacted] and [redacted] spoke up when he heard on the radio that tonights game was going to be standing room only. [redacted] and the others then decieded to turn around and come back to Decatur and get the wives and go to Arthur for the Cheese festival. [redacted] stated that on the way back to Decatur they passed a vehicle just South of Boody and as they entered and left Boody [redacted] got behind this vehicle which was traveling 50-55mph. [redacted] stated he followed the vehicle staying about three to four car lengths behind when the car in front of [redacted] just slammed on his brakes for no reason and [redacted] hitting his brakes to kept from colliding with the vehicle in front of his. [redacted] stated that this car in front of his appeared to be a 68-69 Pontiac Bonneville dark blue or purple and may have been a oldsmobile.

I asked [redacted] if he had been drinking that day and [redacted] stated he had not been drinking and was not drinking in the vehicle just prior to the accident. I then asked [redacted] who the cooler (white and red) belonged to and [redacted] stated that the cooler belonged to [redacted] and that [redacted] picked the cooler up from [redacted] ON ~~and~~ Thrusday because [redacted] son wanted to use the cooler. I asked [redacted] if there was anything in the cooler when he picked it up from [redacted] on Thursday and [redacted] stated there was nothing in the cooler and I followed up by asking [redacted] that if there was anything in the cooler would he be able to tell without looking in the cooler and [redacted] stated the cooler was a small and light cooler and if there had been anything in the cooler he would be able to tell. I then advised [redacted] that upon my investigation Saturday I found the cooler to contain some ice and water in the bottom of the cooler and nothing else, I further asked [redacted] if there was any beer in the car and [redacted] stated that there was no beer in the car at all and no one in the was drinking. I then told [redacted] that I had found a open can of Pabst in the roadway and a open can of Pabst in the back floor board of his car along with

15. REPORTING OFFICERS Dep C. Hanford I.D. # 1716 DATE 9-6-87

16. SUPERVISOR'S REVIEW ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1 ☐ FORM USED AS CONTINUATION FOR CURRENT (ORIG.) REPORT
☒ FORM USED TO REPORT FOLLOW INVESTIGATION.

2. CR NO (ORIGINAL ONLY): 8709-032

3. CHECK ONE AND ENTER NAME → ☐ ARRESTEE ☒ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS
State of Illinois

4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT)
Personal injury accident ☐ UNFOUNDED

5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION)
same

CLEARED BY ☐ ARREST ☐ NO PROSECUTION ☐ NO ARREST ☐ WARRANT ADVISED

6. STATUS FOR BOX 5 ☐ CLEARED ☐ UNFOUNDED ☐ NOT CLEARED ☐ ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS OLD ☐ YES ☐ NO

FOLLOW UP BY ☐ PATROL ☐ FILE ☐ TRAFFIC ☐ C.I.S.

8. MULTIPLE CLEAR-UP ☐ YES ☐ NO
LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP RECOVERED $ ☐ YES ☐ NO

REVIEWER RANK

10. PROP. INVENTORY # ☐ YES ☐ NO

11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

12. LOCATION OF ORIGINAL INCIDENT: 780ft. sw. of co.41 on rt48

13. DATE OF ORIGINAL REPORT: 090587

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT

NARRATIVE:

a full unopen Pabst which along with the one open can both where under the coooler. I also found a upon can of natural light beer which was still cold and wet in the ditch behind the [redacted] vehicle.

[redacted] could not give any explaination for the two beer cans found in hi s car along with the ice and water in the cooler, further stated he did ~~have see~~ Not SEE [redacted] and [redacted] bring any beer into the car.
[redacted] stated that the cooler had been in the car since Thursday and that as far as he knew has not been removed from the vehicle. I asked [redacted] if he drives that car normally and he stated he drives a Chevette back and forth to work and that his wife drives that car(thunderbird) Ithen asked [redacted] if he had driven that thunderbird on Friday night 090587 and [redacted] stated he did when he and his wife went out to super.

I then brought up that it seemed unlikely that the cooler if it had ice in it on Thursday would still be there Saturday afternoon and [redacted] aggreed and still had no explaination as to how the ice and the beer cans got in his car.

[redacted] was released pending further investigation.

15. REPORTING OFFICERS: Dep C. [illegible] I.D. # 316 DATE 9-6-87

16. SUPERVISOR'S REVIEW: [illegible] ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

PAGE _____ OF _____

MACON COUNTY
SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS 62523

1. ☐ FORM USED AS CONTINUATION FOR CURRENT (ORIG.) REPORT ☒ FORM USED TO REPORT FOLLOW INVESTIGATION.
2. CR. NO. (ORIGINAL ONLY): 8709-032
3. CHECK ONE AND ENTER NAME: ☐ ARRESTEE ☒ COMPLAINANT ☐ DRIVER ☐ VICTIM ☐ WITNESS — State of Illinois
4. OFFENSE OR CHARGE (REVIEW OFF. CLASSIFICATION FROM ORIGINAL REPORT): Personal Injury accident ☐ UNFOUNDED
5. CLASSIFICATION OF OFFENSE (AFTER INVESTIGATION): same

CLEARED BY: ☐ ARREST ☐ NO ARREST ☐ NO PROSECUTION ☐ WARRANT ADVISED

6. STATUS FOR BOX 5: ☐ CLEARED ☒ NOT CLEARED ☐ UNFOUNDED ☐ ADM. CLOSING

7. ARE ALL PERSONS INVOLVED UNDER 18 YRS. OLD ☐ YES ☐ NO

FOLLOW UP BY: ☐ PATROL ☐ TRAFFIC ☐ FILE ☐ C.I.S.

8. MULTIPLE CLEAR-UP ☐ YES ☐ NO — LIST OTHER C.R. NO'S IN NARRATIVE, MAKE OUT A NEW SUPPLEMENT FORM FOR EACH CLEAR-UP.

9. PROP. RECOVERED $ ☐ YES ☐ NO

REVIEWER _____ RANK _____

10. PROP. INVENTORY # ☐ YES ☐ NO

11. EVIDENCE TECHNICIAN REPORT ☐ YES ☐ NO ☐ PHOTO ☐ F. PRINT ☐ I.D. KIT ☐ OTHER

12. LOCATION OF ORIGINAL INCIDENT: 780ft. SW of co.hwy 41 on rt48

13. DATE OF ORIGINAL REPORT: 090587

14. IF PROPERTY CRIME, NAME OF ESTABLISHMENT: _____

NARRATIVE:

On 090787 at 20:17 Dep. Anderson and myself interviewed [redacted], [redacted] M/W 11-1-41 at the sheriffs office. I advised [redacted] of his rights using the rights form too which [redacted] advised he understood and wished to speak without an attorney present, also signing the rights waiver. I asked [redacted] to give me an account of what occured on Saturday. [redacted] stated that [redacted] picked him up around 8:30am and that they made a stop before going to the Garfield tap to pick [redacted] up. [redacted] stated they got there around 10:00-10:3oam and waited for about twenty minuetes while [redacted] started some chilli for Sundays lunch. While at the Garfield tap [redacted] did not consume any liqour and all that [redacted] had was a tomato juice. Once leaving the garfield tap [redacted] got in the back seat and at that time he noticed the white and red cooler but paid no attention to it and a saw nothing else laying in the back floor borard.

[redacted] stated that when they got into the car [redacted] and himself did not have anything to drink and that during the time they where in the vehicle no sone cunsumed any liqour. [redacted] stated that they stopped once in BlueMound where they got gas and then proceeded on South to St.Louis and on the way down [redacted] heard that the game was going to be a sell out, so they decieded to return to Decatur. [redacted] stated that when they where at the Garfield tap the only other people that where in there where [redacted] the bar maid and two subjects by the names of [redacted] and [redacted] who where going to the game also in a different vehicle.

[redacted] and [redacted] stopped at the gas station in Blue Mound and left the station before them and that was the last [redacted] saw of [redacted] and [redacted] [redacted] only knew these people by their first names and further stated that [redacted] and [redacted] where friends of [redacted] [redacted] had no explaination for the cooler or the beer that was found in the vehicle. [redacted] stated that when hegdt into the car is when he first saw the cooler and that he did not know who the cooler belonged to. [redacted] stated he drinks Natural light along with Pabst and that Moore drinks Budweiser and that [redacted] drinks natural.

15. REPORTING OFFICERS: Dep C Gerford — I.D. # 1716 — DATE 9-7-87

16. SUPERVISOR'S REVIEW: [signature] ☐ COMPLETE ☒ CONCUR ☐ RECOMMEND

1. FILE
2. INVESTIGATION
3. STATES ATTORNEY
4. U.C.R.
5. REVIEW
6. OTHER

1

ON: Number or Name of Highway or Street | COUNTY | TOWNSHIP OR CITY | 09-A-09 | 8 789-032

At Intersection With _____ (Number or Name of Intersecting Highway or Street)

If Not At Intersection 780 Feet or ____ Miles (Circle One) N E S W of county Highway 41 (Nearest Highway, Street, Bridge or Other Landmark)

I.D.O.T. USE ONLY

DATE OF ACCIDENT MO. DAY YR. 2. 9/5/87

TIME OF ACCIDENT 14:40 A.M. P.M.

TOTAL UNITS INVOLVED TWO

DAY OF THE WEEK M T W T F S S

CIRCLE ONE — TYPE OF REPORT — CIRCLE ONE OR MORE

1 Conventional, 2 Desk, 3 Animal, 4 Private Property, 5 Hit and Run, 6 Supplementary

1 Fatal, 2 Injury, 3 Property Damage, 4 Arrest, 5 Interstate/Expressway

DRIVER'S NAME Last First M.I. 3. see page #1 | DATE OF BIRTH MO. DAY YR. | 1. MALE 2. FEMALE | TAKEN TO | SAF. EQPT. | TAKEN BY | INJ. CODE

DRIVER'S ADDRESS | CITY/STATE/ZIP/PHONE

DRIVER'S LICENSE NO. | STATE | CLASSIFICATION | RESTRICTIONS

VEHICLE TYPE | MAKE | COLOR | YEAR | MODEL | Total Occ. Unit 1 Including Driver

VEHICLE OWNER | VEHICLE IDENTIFICATION NO. | VEH. REGIST. | STATE

OWNER'S ADDRESS | CITY/STATE/ZIP/PHONE | TAG MO. | YEAR

VEHICLE REMOVED BY | VEHICLE REMOVED TO | 1. DRIVEN AWAY 2. TOWED AWAY

F R — CIRCLE POINT OF CONTACT — APPROX. COST TO REPAIR OR REPLACE: UNDER $250 / OVER $250

IF WITNESS, PLACE "W" IN UNIT NO. BOX

List additional passenger or witness information on a separate attached sheet.

DRIVER'S NAME / PEDESTRIAN 5. Last First M.I. | DATE OF BIRTH MO. DAY YR. | 1. MALE 2. FEMALE | TAKEN TO | SAF. EQPT. | TAKEN BY | INJ. CODE

DRIVER'S ADDRESS | CITY/STATE/ZIP/PHONE

DRIVER'S LICENSE NO. | STATE | CLASSIFICATION | RESTRICTIONS

VEHICLE TYPE | MAKE | COLOR | YEAR | MODEL | Total Occ. Unit 2 Including Driver

VEHICLE OWNER | VEHICLE IDENTIFICATION NO. | VEH. REGIST. | STATE

OWNER'S ADDRESS | CITY/STATE/ZIP/PHONE | TAG MO. | YEAR

VEHICLE REMOVED BY | VEHICLE REMOVED TO | 1. DRIVEN AWAY 2. TOWED AWAY

F R — CIRCLE POINT OF CONTACT — APPROX. COST TO REPAIR OR REPLACE: UNDER $250 / OVER $250

CODE FOR INJURY — Use only most serious one in each space for injury.
- K Dead before report made.
- O No indication of injury.
- A Severely bleeding wounds, distorted member, or had to be carried from scene.
- B Other visible injury as bruises, abrasions, minor cuts, swelling, etc.
- C No visible injury, limping, momentary unconsciousness or complaint of pain.

PASSENGERS AND/OR WITNESSES

NAME Last First 7. [redacted]

ADDRESS [redacted]

CITY Decatur | STATE Il

1. M 2. F | AGE 37 | TAKEN TO N/A

UNIT NO. W/1 | SEAT POS. n/a | SAF. EQPT. n/a | TAKEN BY n/a | INJ.

NAME [redacted] First

ADDRESS [redacted]

CITY Blue Mound | STATE Il

1. M 2. F | AGE 37 | TAKEN TO n/a

UNIT NO. W/2 | SEAT POS. n/a | SAF. EQPT. n/a | TAKEN BY n/a | INJ. O

NAME Last First

ADDRESS

CITY | STATE

1. M 2. F | AGE | TAKEN TO

UNIT NO. | SEAT POS. | SAF. EQPT. | TAKEN BY | INJ.

NAME Last First

ADDRESS

CITY | STATE

1. M 2. F | AGE | TAKEN TO

UNIT NO. | SEAT POS. | SAF. EQPT. | TAKEN BY | INJ.

DAMAGE TO PROPERTY OTHER THAN VEHICLE

NAME OF OWNER OF PROPERTY | ADDRESS OF OWNER

NATURE OF DAMAGE | APPROX. COST TO REPAIR OR REPLACE $

TIME NOTIFIED OF ACCIDENT A.M. P.M. | ARRIVED AT SCENE A.M. P.M. | DATE NOTIFIED OF ACCIDENT MONTH DAY YEAR | DATE REPORT COMPLETED MONTH DAY YEAR

ARREST (NAME) Last First M.I. | SECTION NUMBER | TICKET NUMBER

ARREST (NAME) Last First M.I. | SECTION NUMBER | TICKET NUMBER

SIGNATURE OF INVESTIGATING OFFICER X Dep C Gentford | I.D. NUMBER 1716 | BEAT/ZONE SW | COURT DATE / / | REVIEWING OFFICER

SEATING IN VEHICLE: 1 2 3 / 4 5 6 — STATION WAGON: 7 8 9

SAFETY EQUIPMENT USE
- 0 - UNKNOWN, NOT STATED
- 1 - SAFETY BELTS USED
- 2 - SAFETY BELTS-NOT USED
- 3 - HELMET USED
- 4 - HELMET PRESENT-NOT USED
- 5 - CHILD RESTRAINT USED
- 6 - CHILD RESTRAINT USED-NOT BELTED
- 7 - CHILD RESTRAINT PRESENT-NOT USED
- 8 - AIR BAG ACTIVATED

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North

R ____ ____

T ____ ____

SECTION ____

IDENTIFY STREETS AND HIGHWAYS BY NAME AND NUMBER

8 TYPE OF ACCIDENT

1 - Pedestrian
2 - Motor Vehicle In Traffic
3 - Parked Motor Vehicle
4 - Railroad Train
5 - Pedalcyclist
6 - Animal ____
7 - Fixed Object
8 - Other Object
9 - Motorcycle
10 - Moped
11 - Other ____

9 TRAFFIC CONTROL

1 - Stop Sign or Red Flasher
2 - Stop and Go Light
3 - Police Officer or Flagman
4 - Railroad Crossing Gates
5 - R.R. Flasher or Watchman
6 - Warning Sign or Yellow Flasher
7 - School Speed Zone
8 - No Passing Zone
9 - Other ____
10 - No Control

10 R[illegible]AY DEFECTS

1 - Shoulder [illegible]
2 - Shoulder Soft
3 - Holes, Bumps, etc.
4 - Loose Material
5 - Repair Work Barricaded
6 - Repair Work not Barricaded
7 - No Defects
8 - Other ____

11 ROAD CHARACTER

1 - Straight Level
2 - Straight-on-Grade
3 - Straight Hillcrest
4 - Curve Level
5 - Curve-on-Grade
6 - Curve-Hillcrest

12 LIGHT

1 - Daylight
2 - Dawn
3 - Dusk
4 - Darkness
5 - Darkness - Road Lighted

13 WEATHER

1 - Clear
2 - Raining
3 - Snowing
4 - Fog/Smog
5 - Sleeting
6 - Blowing Dust

14 ROAD SURFACE CONI

1 - Dry
2 - Wet
3 - Snow/Ice
4 - Muddy
5 - Oily
6 - Other ____

15 VEHICLE MANEUVER

Veh 1	Veh 2	
1	22	Going Straight Ahead
2	23	Passing
3	24	Making Right Turn
4	25	Making Left Turn
5	26	Making U Turn
6	27	Slowing or Stopping
7	28	Starting In Traffic Lane
8	29	Starting from Parked Position
9	30	Stopped In Traffic
10	31	Parked
11	32	Backing
12	33	Changing Lanes
13	34	Avoiding Pedestrian
14	35	Avoiding Other Vehicles
15	36	Avoiding Animals
16	37	Avoiding Previous Accident
17	38	Skidding Before Braking
18	39	Skidding After Braking
19	40	Crowded off Roadway
20	41	Driverless Moving Vehicle
21	42	Other ____

16 VEHICLE CONDITION

Veh 1	Veh 2	
1	9	No Apparent Defects
2	10	Lights Defective
3	11	Brakes Defective
4	12	Steering Defective
5	13	Puncture - Blowout
6	14	Worn or Slick Tires
7	15	Motor Trouble
8	16	Other Defects ____

17 ROADWAY LANES

Veh 1	Veh 2	
1	8	One Lane
2	9	Two Lanes
3	10	Three Lanes
4	11	Four Lanes
5	12	Five Lanes or more
6	13	Unpaved any width
7	14	One Way

18 VISION OBSCURED

Veh 1	Veh 2	
1	13	Not Obscured
2	14	Rain, Snow, Ice on Windshield
3	15	Trees, Crops, Bushes
4	16	Buildings
5	17	Embankment
6	18	Sign Board
7	19	Hillcrest
8	20	Parked Vehicle(s)
9	21	Moving Vehicle(s)
10	22	Blinded by Headlights
11	23	Blinded by Sunlight
12	24	Other ____

19 WHAT PEDESTRIAN WAS DOING

1 - Crossing at Intersection with Signal
2 - Crossing at Intersection Against Signal
3 - Crossing at Intersection No Signal
4 - Crossing Not at Intersection
5 - Coming From Behind Parked Vehicle
6 - Walking In Roadway - With Traffic
7 - Walking In Roadway - Against Traffic
8 - Playing in Roadway
9 - Working in Roadway
10 - Not in Roadway
11 - Other ____
12 - Getting on or off School Bus

20 APP. PHY. CONDITION

Driver 1	Driver 2	
1	13	Previous Injury/Disability
2	14	Illness - Temporary
3	15	Fatigued - Asleep
4	16	Medicated
5	17	Normal
6	18	Emotionally Upset
7	19	Distraction - In or Outside
8	20	Preoccupied
9	21	Age
10	22	Condition Unknown
11	23	Other ____
12	24	Had Been Drinking

21 CHEMICAL TEST

Driver 1	Driver 2	
1	4	Test Offered - Taken
2	5	Test Offered - Refused
3	6	Test Not Offered

22 ALCOHOL TEST

Driver 1	Driver 2	Type of Test
1	6	Blood
2	7	Breath
3	8	Urine
4	9	Saliva
5	10	Tissue

23 ALCOHOL TEST RESULTS

1	Driver No.	2
0.		0.

24 MISC. INFORMATION

Traffic Control/Sign Visible?		Yes
Controls Functioning?		Yes
Did Fire Occur?	1 Yes - No	2 Yes
Tested for Drugs?	1 Yes - No	2 Yes

5852959

25 HAZARDOUS MATERIALS - MOTOR CARRIER SAFETY

- TRANSPORTATION OF HAZARDOUS MATERIALS.
  VEHICLE 1 ☐ YES ☐ NO VEHICLE 2 ☐ YES ☐ NO
- DID VIOLATION OF HAZMAT REGULATIONS CONTRIBUTE TO ACCIDENT?
  ☐ YES ☐ NO ☐ UNK
- DID VIOLATION OF MCS REGULATIONS CONTRIBUTE TO ACCIDENT?
  ☐ YES ☐ NO ☐ UNK
- WAS INSPECTION FORM COMPLETED?

26 SPECIAL STUDIES

3852959

TRAFFIC ACCIDENT REPORT

POLICE ACCIDENT NO.: 87 | 09-A-09

INCIDENT NUMBER: 8709-032

I.D.O.T. USE ONLY

ON: Number or Name of Highway or Street: State Highway 48

COUNTY: Macon

TOWNSHIP OR CITY: Blue Mound

At Intersection With: (Number or Name of Intersecting Highway or Street)

If Not At Intersection: 780 Feet or ____ Miles (Circle One) N E S W of County Highway 41 (Nearest Highway, Street, Bridge or Other Landmark)

DATE OF ACCIDENT: MO. 9 DAY 5 YR. 87

TIME OF ACCIDENT: 14:40 A.M. P.M.

TOTAL UNITS INVOLVED: two

DAY OF THE WEEK: M T W T F S S

CIRCLE ONE — TYPE OF REPORT: 1 Conventional, 2 Desk, 3 Animal, 4 Private Property, 5 Hit and Run, 6 Supplementary

CIRCLE OR MO: 1 Fatal, 2 Injury, 3 Property Damage, 4 Arrest, 5 Interstate/Expressway

3.

DRIVER'S NAME: [redacted]

DATE OF BIRTH MO. DAY YR.: [redacted] 1. MALE 2. FEMALE

TAKEN TO: Refused treatment at scene

SAF. EQPT.: 1

TAKEN BY: N/A

INJ. CODE: B

DRIVER'S ADDRESS: [redacted]

CITY/STATE/ZIP/PHONE: Decatur Il [redacted]

DRIVER'S LICENSE NO.: [redacted]

STATE: Il

CLASSIFICATION: D

RESTRICTIONS: none

4.

VEHICLE TYPE: Coupe

MAKE: Ford

COLOR: Black

YEAR: 84

MODEL: Thunderbird

Total Occ. Unit 1 Including Driver: 3

VEHICLE OWNER: same as driver

VEHICLE IDENTIFICATION NO.: 1FABP46F0EH [redacted]

VEH. REGIST.: [redacted]

STATE: Il

OWNER'S ADDRESS: same as driver

CITY/STATE/ZIP/PHONE: Above

TAG NO.: 3

YEAR: 88

VEHICLE REMOVED BY: Soy City lot

VEHICLE REMOVED TO: Soy City lot

1. DRIVEN AWAY 2. TOWED AWAY

CIRCLE POINT OF CONTACT — APPROX. COST TO REPAIR OR REPLACE: UNDER $250 / OVER $250

IF WITNESS, PLACE "W" IN UNIT NO. BOX

List additional passenger or witness information on a separate attached sheet.

5.

☒ DRIVER'S NAME ☐ PEDESTRIAN

Last: [redacted] First: [redacted] M.I.:

DATE OF BIRTH MO. DAY YR.: [redacted] 1. MALE 2. FEMALE

TAKEN TO: St. Marys

SAF. EQPT.: 1

TAKEN BY: DAS

INJ. CODE: A

[redacted]

CITY/STATE/ZIP/PHONE: Decatur Il [redacted]

DRIVER'S LICENSE NO.: [redacted]

STATE: Ill

CLASSIFICATION: A-M

RESTRICTIONS: 1-0-0

6.

VEHICLE TYPE: Man

MAKE: Honda

COLOR: sil

YEAR: 83

MODEL: Accord

Total Occ. Unit 2 Including Driver: 3

VEHICLE OWNER: [redacted]

VEHICLE IDENTIFICATION NO.: 1HGSZ7429DA [redacted]

VEH. REGIST.: [redacted]

STATE: Il

OWNER'S ADDRESS: [redacted]

CITY/STATE/ZIP/PHONE: Decatur Il [redacted]

TAG NO.: 12

YEAR: 87

VEHICLE REMOVED BY: Soy City Towing

VEHICLE REMOVED TO: Soy City Lot

1. DRIVEN AWAY 2. TOWED AWAY

CIRCLE POINT OF CONTACT — APPROX. COST TO REPAIR OR REPLACE: UNDER $250 / OVER $250

CODE FOR INJURY — Use only most serious one in each space for injury.
- K Dead before report made.
- O No indication of injury.
- A Severely bleeding wounds, distorted member, or had to be carried from scene.
- B Other visible injury as bruises, abrasions, minor cuts, swelling, etc.
- C No visible injury, limping, momentary unconsciousness or complaint of pain.

DAMAGE TO PROPERTY OTHER THAN VEHICLE

NAME OF OWNER OF PROPERTY: N/A

ADDRESS OF OWNER:

NATURE OF DAMAGE: NA

APPROX. COST TO REPAIR OR REPLACE: $ 0

TIME NOTIFIED OF ACCIDENT	ARRIVED AT SCENE	DATE NOTIFIED OF ACCIDENT	DATE REPORT COMPLETED
14:45 A.M. P.M.	14:51 A.M. P.M.	MONTH 9 DAY 5 YEAR 87	MONTH 9-7-87 DAY YEAR

ARREST (NAME) Last First M.I. — SECTION NUMBER — TICKET NUMBER

ARREST (NAME) Last First M.I. — SECTION NUMBER — TICKET NUMBER

SIGNATURE OF INVESTIGATING OFFICER — I.D. NUMBER — BEAT/ZONE — COURT DATE — REVIEWING OFFICER

SEATING IN VEHICLE: 1 2 3 / 4 5 6 — STATION WAGON

PASSENGERS AND/OR WITNESSES

NAME: [redacted]

ADDRESS: [redacted]

CITY: Decatur STATE: Il

1. M 2. F AGE: 52 TAKEN TO: St. Marys

UNIT NO.: 1 SEAT POS.: 3 SAF. EQPT.: TAKEN BY: DAS INJ.: A

[redacted] First

ADDRESS: [redacted]

CITY: Decatur [redacted] STATE: Il

1. M 2. F AGE: 45 TAKEN TO: Refused treatment at sc

UNIT NO.: 1 SEAT POS.: 6 SAF. EQPT.: 1 TAKEN BY: N/A INJ.:

NAME: [redacted]

ADDRESS: [redacted]

CITY: Decatur STATE: Il

1. M 2. F AGE: 41 TAKEN TO: St. Marys

UNIT NO.: 2 SEAT POS.: 3 SAF. EQPT.: 2 TAKEN BY: DAS INJ.:

NAME: [redacted] Last First

ADDRESS: [redacted]

CITY: Decatur STATE: Il

1. M 2. F AGE: 17mo TAKEN TO: St. Marys

UNIT NO.: 2 SEAT POS.: 6 SAF. EQPT.: 5 TAKEN BY: Kathy Anderson INJ.:

SAFETY EQUIPMENT USE
- 0 - UNKNOWN, NOT STATED
- 1 - SAFETY BELTS USED
- 2 - SAFETY BELTS-NOT USED
- 3 - HELMET USED
- 4 - HELMET PRESENT-NOT USED
- 5 - CHILD RESTRAINT USED
- 6 - CHILD RESTRAINT USED-NOT BELTED
- 7 - CHILD RESTRAINT PRESENT-NOT USED

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North

R 1 E

T 15 N

SECTION 1

See Diagrams #1 and #2 Attached
Dep. Anderson Reports 8709-A08
" " " 8709-024

Offense Report #8709-032
Dep. Gessford

See also Photo's from above Reports

IDENTIFY STREETS AND HIGHWAYS BY NAME AND NUMBER

Refer to Incident report 8709-032
Dep. Gessford

TYPE OF ACCIDENT

1 - Pedestrian
2 - Motor Vehicle in Traffic
3 - Parked Motor Vehicle
4 - Railroad Train
5 - Pedalcyclist
6 - Animal
7 - Fixed Object
8 - Other Object
9 - Motorcycle
10 - Moped
11 - Other

9 TRAFFIC CONTROL

1 - Stop Sign or Red Flasher
2 - Stop and Go Light
3 - Police Officer or Flagman
4 - Railroad Crossing Gates
5 - R.R. Flasher or Watchman
6 - Warning Sign or Yellow Flasher
7 - School Speed Zone
8 - No Passing Zone
9 - Other
10 - No Control

10 ROADWAY DEFECTS

1 - Shoulder Low
2 - Shoulder Soft
3 - Holes, Bumps, etc.
4 - Loose Material
5 - Repair Work Barricaded
6 - Repair Work not Barricaded
7 - No Defects
8 - Other

11 ROAD CHARACTER

1 - Straight Level
2 - Straight-on-Grade
3 - Straight Hillcrest
4 - Curve Level
5 - Curve-on-Grade
6 - Curve-Hillcrest

12 LIGHT

1 - Daylight
2 - Dawn
3 - Dusk
4 - Darkness
5 - Darkness - Road Lighted

13 WEATHER

1 - Clear
2 - Raining
3 - Snowing
4 - Fog/Smog
5 - Sleeting
6 - Blowing Dust

14 ROAD SURFACE COND

1 - Dry
2 - Wet
3 - Snow/Ice
4 - Muddy
5 - Oily
6 - Other

15 VEHICLE MANEUVER

Veh 1	Veh 2	
1	22	Going Straight Ahead
2	23	Passing
3	24	Making Right Turn
4	25	Making Left Turn
5	26	Making U Turn
6	27	Slowing or Stopping
7	28	Starting in Traffic Lane
8	29	Starting from Parked Position
9	30	Stopped in Traffic
10	31	Parked
11	32	Backing
12	33	Changing Lanes
13	34	Avoiding Pedestrian
14	35	Avoiding Other Vehicles
15	36	Avoiding Animals
16	37	Avoiding Previous Accident
17	38	Skidding Before Braking
18	39	Skidding After Braking
19	40	Crowded off Roadway
20	41	Driverless Moving Vehicle
21	42	Other

16 VEHICLE CONDITION

Veh 1	Veh 2	
1	9	No Apparent Defects
2	10	Lights Defective
3	11	Brakes Defective
4	12	Steering Defective
5	13	Puncture - Blowout
6	14	Worn or Slick Tires
7	15	Motor Trouble
8	16	Other Defects

17 ROADWAY LANES

Veh 1	Veh 2	
1	8	One Lane
2	9	Two Lanes
3	10	Three Lanes
4	11	Four Lanes
5	12	Five Lanes or more
6	13	Unpaved any width
7.	14	One Way

18 VISION OBSCURED

Veh 1	Veh 2	
1	13	Not Obscured
2	14	Rain, Snow, Ice on Windshield
3	15	Trees, Crops, Bushes
4	16	Buildings
5	17	Embankment
6	18	Sign Board
7	19	Hillcrest
8	20	Parked Vehicle(s)
9	21	Moving Vehicle(s)
10	22	Blinded by Headlights
11	23	Blinded by Sunlight
12	24	Other

19 WHAT PEDESTRIAN WAS DOING

1 - Crossing at Intersection with Signal
2 - Crossing at Intersection Against Signal
3 - Crossing at Intersection No Signal
4 - Crossing Not at Intersection
5 - Coming From Behind Parked Vehicle
6 - Walking in Roadway - With Traffic
7 - Walking in Roadway - Against Traffic
8 - Playing in Roadway
9 - Working in Roadway
10 - Not in Roadway
11 - Other
12 - Getting on or off School Bus

20 APP. PHY. CONDITION

Driver 1	Driver 2	
1	13	Previous Injury/Disability
2	14	Illness - Temporary
3	15	Fatigued - Asleep
4	16	Medicated
5	17	Normal
6	18	Emotionally Upset
7	19	Distraction - In or Outside
8	20	Preoccupied
9	21	Age
10	22	Condition Unknown
11	23	Other
12		Had Been Drinking

21 CHEMICAL TEST

Driver 1	Driver 2	
1	4	Test Offered - Taken
2	5	Test Offered - Refused
3	6	Test Not Offered

22 ALCOHOL TEST

Driver 1	Driver 2	Type of Test
1	6	Blood
2	7	Breath
3	8	Urine
4	9	Saliva
5	10	Tissue

N/A

23 ALCOHOL TEST RESULTS

Driver No. 0 N/A Driver No. 0 N/A

24 MISC. INFORMATION

Traffic Control/Sign Visible? Yes
Controls Functioning? Yes
Did Fire Occur? 1 Yes - No 2 Yes
Tested for Drugs? 1 Yes - No 2 Yes

5852959

25 HAZARDOUS MATERIALS - MOTOR CARRIER SAFETY

- TRANSPORTATION OF HAZARDOUS MATERIALS
  VEHICLE 1 ☐ YES ☐ NO VEHICLE 2 ☐ YES ☐ NO
- DID VIOLATION OF HAZMAT REGULATIONS CONTRIBUTE TO ACCIDENT?
  ☐ YES ☐ NO ☐ UNK
- DID VIOLATION OF MCS REGULATIONS CONTRIBUTE TO ACCIDENT?
  ☐ YES ☐ NO ☐ UNK
- WAS INSPECTION FORM COMPLETED?
  HAZMAT ☐ YES ☐ NO ☐ UNK O/S

26 SPECIAL STUDIES

CC 1-20
CC 1-3

diagram not drawn to scal[illegible] emp:91,wind:calm to moderate, [illegible]y day
Dep. C. Gessford #1716

N

point of impact to coll
or Wyckles rd 780ft.

[redacted] Vehicle unit#1
black 1984 Ford Thunderbird [redacted]
ight frnt tire to W. Culvert 20.6ft
ight frnt tire to E. Culvert 33.6ft
gt rear tire to W. culvert 23.6ft.
t. rear tire to E. culvert 25.2ft
gt. frnt tire to W.edge of rd.way 6.5ft,
aseen vehicle uniT#2
ilver 1983 Honda Accord 4d [redacted]
eft riear tire to W. culvert 55.6ft
ft.rear tire to E. culvert 66.7ft
ft. frnt.tire to W. culvert 60.1ft.
ft. frnt. tire to E. culvert 70.1

[redacted] body placement shown
y blood spot in roadway.
lood to point of impact 5.4ft
lood spot to right front tire of
Bill Moore vehicle at its final resting
point 25.9ft.
Blood spot to W. edge of roadway 6.10
lood spot to W.culvert 57.4
s[illegible] to E.culvert 61.6

Impact point
Imp to W.culvert 42.11
imp.to E.cul 50.1
imp. to W.edge of
roadway 8.5ft

West Culvert

East Culvert

2

1

impact point

[redacted] body

Roadway width 26ft
West culvert to East culvert 40.7ft.

Point of impact from this accident to
Point of impact of Dep. Anderson's
accident 8709-A-08 is 342ft.

T-sign Wykles corner
or county highway 41

drawning #1

090587 8709-A-C[illegible]709-032 Dep. C. Gessford 1716[illegible]

this drawning shows the direction of the vehicle before and after collision

Upon impact the #1 unit wentinto a spin approximately 320 degrees to it final position.

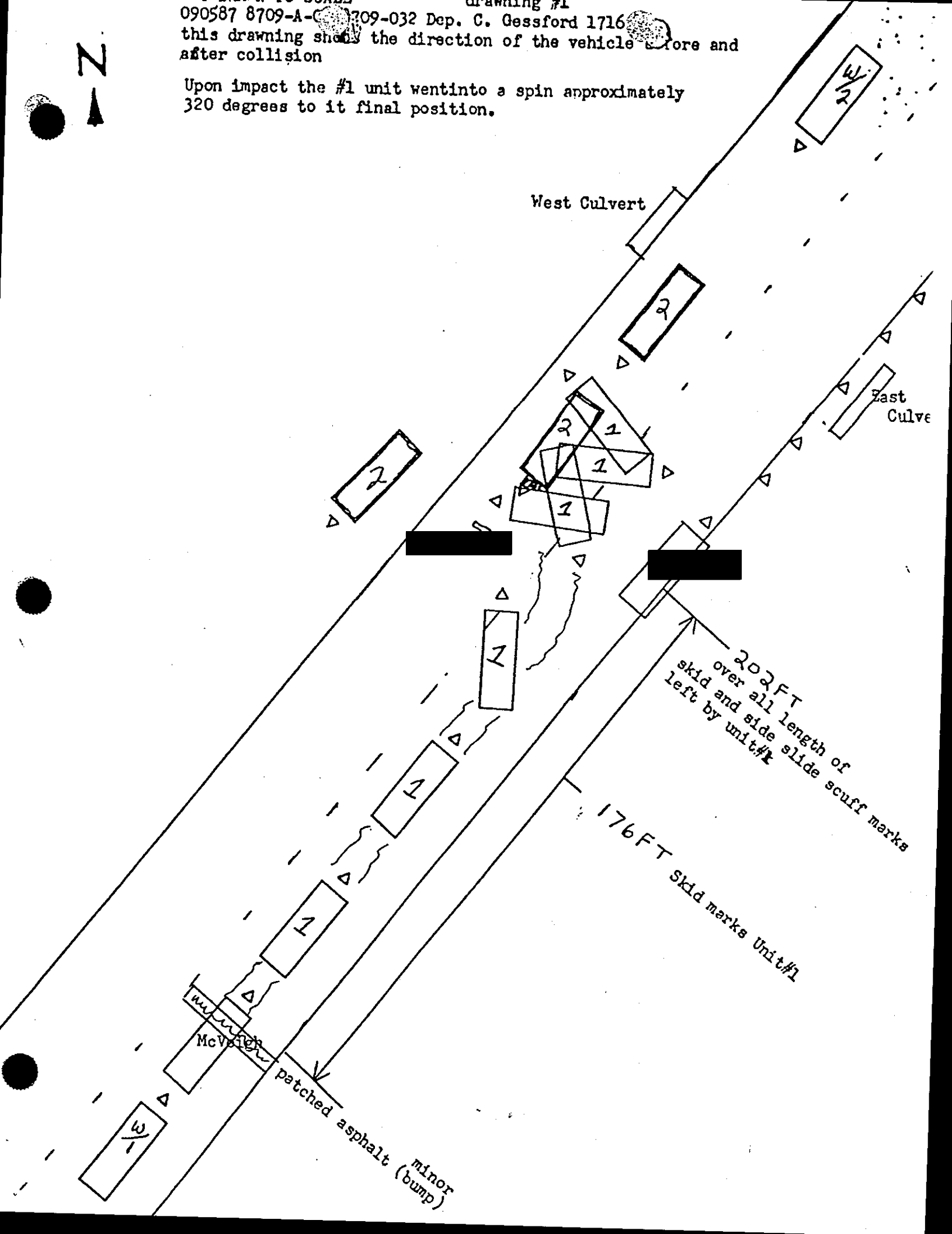
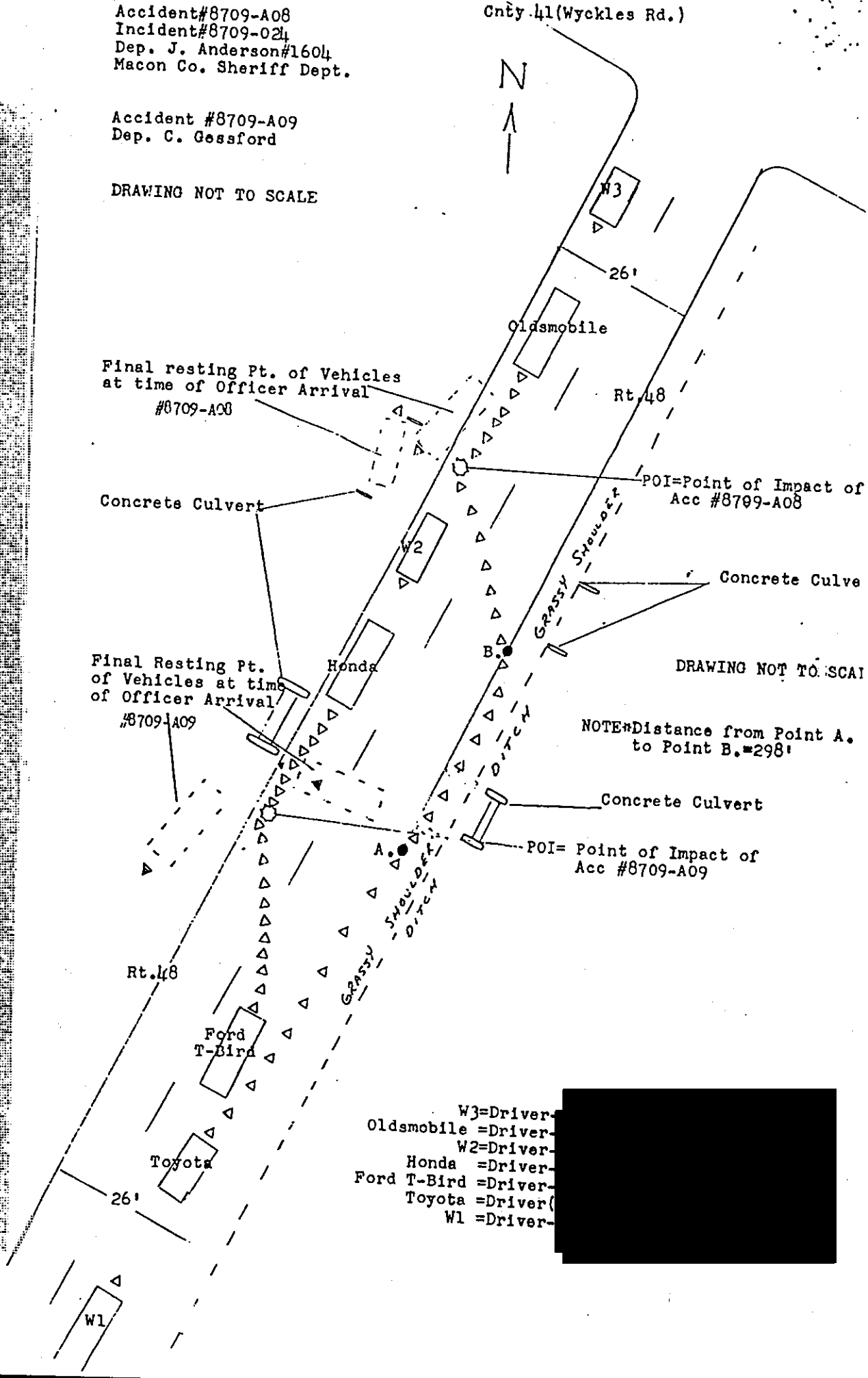


DIAGRAM OF ACCIDENTS 8709-A08 and 8709-A09

Accident#8709-A08
Incident#8709-024
Dep. J. Anderson#1604
Macon Co. Sheriff Dept.

Accident #8709-A09
Dep. C. Gessford

DRAWING NOT TO SCALE



[redacted]

585291[redacted]

TRAFFIC ACCIDENT REPORT

POLICE ACCIDENT NO. 87 09-A08 [redacted]709-024 INCIDENT NUMBER

Sheet 1 of 1 Sheets

I.D.O.T. USE ONLY

ON Number or Name Highway or Street: 1. Rt. 48 (U.S. Highway)

COUNTY: Macon

TOWNSHIP ORGN: Blue Mound

At Intersection With: (Number or Name of Intersecting Highway or Street)

If Not At Intersection: ____ Feet or 1/10 Miles (Circle One) N E S W of Intersection of Cnty Hwy 41 (Nearest Highway, Street, Bridge or Other Landmark)

DATE OF ACCIDENT: 2. MO. 9 DAY 5 YR. 87

TIME OF ACCIDENT: 2:40 ~~A.M.~~ P.M.

TOTAL UNITS INVOLVED: Two

DAY OF THE WEEK: M T W T F (S) S

CIRCLE ONE — TYPE OF REPORT: (1) Conventional, 2 Desk, 3 Animal, 4 Private Property, 5 Hit and Run, 6 Supplementary

CIRCLE OR MARK: (1) Fatal, (2) Injury, (3) Property Damage, 4 Arrest, 5 Interstate/Expressway

DRIVER 1

DRIVER'S NAME: 3. [redacted] M.I.

DATE OF BIRTH MO. DAY YR.: [redacted]

(1) MALE 2. FEMALE

TAKEN TO: St. Mary's ER

SAF. EQPT.: 1

TAKEN BY: DAS

INJ. CODE: K

DRIVER'S ADDRESS: [redacted]

CITY/STATE/ZIP/PHONE: Decatur, Ill. [redacted]

DRIVER'S LICENSE NO.: [redacted]

STATE: Ill

CLASSIFICATION: AM

RESTRICTIONS: None

VEHICLE TYPE: 4. Hatchback

MAKE: Toyota

COLOR: Gry

YEAR: 81

MODEL: Corolla

Total Occ. Unit 1 Including Driver: 1

VEHICLE OWNER: [redacted]

VEHICLE IDENTIFICATION NO.: JT2AL22G0B3 [redacted]

VEH. REGIST.: [redacted]

STATE: Ill

OWNER'S ADDRESS: Above

CITY/STATE/ZIP/PHONE: Above Work [redacted]

TAG MO.: May

YEAR: 88

VEHICLE REMOVED BY: Svendsens Towing

VEHICLE REMOVED TO: Svendsens Lot

(1) DRIVEN AWAY (2) TOWED AWAY

CIRCLE POINT OF CONTACT: F R

APPROX. COST TO REPAIR OR REPLACE: [ ] UNDER $250 [X] OVER $250

IF WITNESS, PLACE "W" IN UNIT NO. BOX

List additional passenger or witness information on a separate attached sheet.

DRIVER 2

[ ] DRIVER'S NAME [ ] PEDESTRIAN

5. Last First: [redacted]

DATE OF BIRTH MO. DAY YR.: [redacted]

(1) MALE (2) FEMALE

TAKEN TO: St. Mary's ER

SAF. EQPT.: 1

TAKEN BY: DAS

INJ. CODE: A

DRIVER'S ADDRESS: [redacted]

CITY/STATE/ZIP/PHONE: Decatur, Ill. [redacted]

DRIVER'S LICENSE NO.: [redacted]

STATE: Ill.

CLASSIFICATION: A

RESTRICTIONS: None

VEHICLE TYPE: 6. Stat. Wagon

MAKE: Oldsmobile

COLOR: Lt. Brn

YEAR: 87

MODEL: Cutlas

Total Occ. Unit 2 Including Driver: 1

VEHICLE OWNER: Dart and Kraft Financial Corp

VEHICLE IDENTIFICATION NO.: 2G3AJ81W7H9 [redacted]

VEH. REGIST.: [redacted]

STATE: Ill

OWNER'S ADDRESS: 2710 S. 13th St.

CITY/STATE/ZIP/PHONE: Springfield, Ill. 62703

TAG MO.: 12

YEAR: 86

VEHICLE REMOVED BY: Svendsens Towing

VEHICLE REMOVED TO: Svendsens Lot

(1) DRIVEN AWAY (2) TOWED AWAY

CIRCLE POINT OF CONTACT: F R

APPROX. COST TO REPAIR OR REPLACE: [ ] UNDER $250 [X] OVER $250

DAMAGE TO PROPERTY OTHER THAN VEHICLE

NAME OF OWNER OF PROPERTY: NA

ADDRESS OF OWNER:

NATURE OF DAMAGE: NA

APPROX. COST TO REPAIR OR REPLACE: $ 0

TIME NOTIFIED OF ACCIDENT	ARRIVED AT SCENE	DATE NOTIFIED OF ACCIDENT	DATE REPORT COMPLETED
2:41 A.M. P.M.	2:52 A.M. P.M.	MONTH 9 DAY 5 YEAR 87	MONTH 9 DAY 5 YEAR 87

ARREST (NAME) Last First M.I. — SECTION NUMBER — TICKET NUMBER

ARREST (NAME) Last First M.I. — SECTION NUMBER — TICKET NUMBER

CODE FOR INJURY: Use only most serious one in each space for injury.
- K Dead before report made.
- O No indication of injury.
- A Severely bleeding wounds, distorted member, or had to be carried from scene.
- B Other visible injury as bruises, abrasions, minor cuts, swelling, etc.
- C No visible injury, limping, momentary unconsciousness or complaint of pain.

SEATING IN VEHICLE: 1 2 3 / 4 5 6

PASSENGERS AND/OR WITNESSES

NAME 7. [redacted]
ADDRESS [redacted]
CITY Decatur, Ill. STATE Ill
(1) M 2. F AGE Unk TAKEN TO NA [redacted]
UNIT NO. W1 SEAT POS. 1 SAF. EQPT. UNK TAKEN BY NA INJ.

NAME [redacted]
ADDRESS [redacted]
CITY Blue Mound STATE Ill
(1) M 2. F AGE UNK TAKEN TO NA
UNIT NO. W2 SEAT POS. SAF. EQPT. UNK TAKEN BY NA INJ. O

NAME [redacted]
ADDRESS [redacted]
CITY Assumption, Ill. STATE Ill
(1) M 2. F AGE 20 TAKEN TO NA [redacted]
UNIT NO. W3 SEAT POS. 1 SAF. EQPT. UNK TAKEN BY NA INJ.

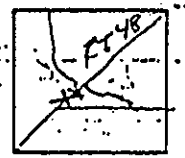
NAME Last First M.I.
ADDRESS
CITY STATE
(1) M 2. F AGE TAKEN TO
UNIT NO. SEAT POS. SAF. EQPT. TAKEN BY INJ. CO

SAFETY EQUIPMENT USE
- 0 - UNKNOWN, NOT STATED
- 1 - SAFETY BELTS USED
- 2 - SAFETY BELTS-NOT USED
- 3 - HELMET USED
- 4 - HELMET PRESENT-NOT USED
- 5 - CHILD RESTRAINT USED

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North

R ___ T 15 N



SECTION 6

1 - Pedestrian
2 - Motor Vehicle in Traffic
3 - Parked Motor Vehicle
4 - Railroad Train
5 - Pedalcyclist
6 - Animal
7 - Fixed Object
8 - Other Object
9 - Motorcycle
10 - Moped
11 - Other

1 - Stop Sign or Red Flasher
2 - Stop and Go Light
3 - Police Officer or Flagman
4 - Railroad Crossing Gates
5 - R.R. Flasher or Watchman
6 - Warning Sign or Yellow Flasher
7 - School Speed Zone
8 - No Passing Zone
9 - Other
10 - No Control

1 - Shoulder Low
2 - Shoulder Soft
3 - Holes, Ruts, etc.
4 - Loose
5 - Repaired Barricaded
6 - Repair Work not Barricaded
7 - No Defects
8 - Other GRASSY SHOULD

11 ROAD CHARACTER	12 LIGHT	13 WEATHER	14 ROAD SURFACE CO
1 Straight Level	1 Daylight	1 Clear	1 Dry
2 - Straight-on-Grade	2 - Dawn	2 - Raining	2 - Wet
3 - Straight Hillcrest	3 - Dusk	3 - Snowing	3 - Snow/Ice
4 - Curve Level	4 - Darkness	4 - Fog/Smog	4 - Muddy
5 - Curve-on-Grade	5 - Darkness - Road Lighted	5 - Sleeting	5 - Oily
6 - Curve-Hillcrest		6 - Blowing Dust	6 - Other

Fatality See Attachments
and Dep. Gessford related report
#8709A09
Incident Report MSO#8709-024

IDENTIFY STREETS AND HIGHWAYS BY NAME AND NUMBER

Driver #1 was traveling NB on Rt 48 approx 55MPH when a vehicle in front of him (Blk T-Bird) skidded into SB oncoming lane and was hit head on.(Report #8709-A09) Driver #1 veered onto Grassy shoulder area of Rt. 48 and traveled 298' further north then attempted to re-enter the roadway. At that time Driver#1 lost control of his vehicle and it veered/pulled at almost 45degree angle 78' feet up roadway and into the path of a southbound Vehicle(#2). That vehicle's driver had no time to brake and ran head on into passenger front of Veh #1. Both transported to St. Mary's ER. Driver #1 latter died of internal injuries.

Describe what happened - REFER TO UNITS BY NUMBERS See Inciden Report.

15 VEHICLE MANEUVER

Veh 1	Veh 2	
1	22	Going Straight Ahead
2	23	Passing
3	24	Making Right Turn
4	25	Making Left Turn
5	26	Making U Turn
6	27	Slowing or Stopping
7	28	Starting in Traffic Lane
8	29	Starting from Parked Position
9	30	Stopped in Traffic
10	31	Parked
11	32	Backing
12	33	Changing Lanes
13	34	Avoiding Pedestrian
14	35	Avoiding Other Vehicles
15	36	Avoiding Animals
16	37	Avoiding Previous Accident
17	38	Skidding Before Braking
18	39	Skidding After Braking
19	40	Crowded off Roadway
20	41	Driverless Moving Vehicle
21	42	Other

16 VEHICLE CONDITION

Veh 1	Veh 2	
1	9	No Apparent Defects
2	10	Lights Defective
3	11	Brakes Defective
4	12	Steering Defective
5	13	Puncture - Blowout
6	14	Worn or Slick Tires
7	15	Motor Trouble
8	16	Other Defects

17 ROADWAY LANES

Veh 1	Veh 2	
1	8	One Lane
2	9	Two Lanes
3	10	Three Lanes
4	11	Four Lanes
5	12	Five Lanes or more
6	13	Unpaved any width
7	14	One Way

18 VISION OBSCURED

Veh 1	Veh 2	
1	13	Not Obscured
2	14	Rain, Snow, Ice on Windshield
3	15	Trees, Crops, Bushes
4	16	Buildings
5	17	Embankment
6	18	Sign Board
7	19	Hillcrest
8	20	Parked Vehicle(s)
9	21	Moving Vehicle(s)
10	22	Blinded by Headlights
11	23	Blinded by Sunlight
12	24	Other PREV. ACC

19 WHAT PEDESTRIAN WAS DOI

1 - Crossing at Intersection with Signal
2 - Crossing at Intersection Against Signal
3 - Crossing at Intersection No Signal
4 - Crossing Not at Intersection
5 - Coming From Behind Parked Vehicle
6 - Walking in Roadway - With Traffic
7 - Walking in Roadway - Against Traffic
8 - Playing in Roadway
9 - Working in Roadway
10 - Not in Roadway
11 - Other
12 - Getting on or off School Bus

20 APP. PHY. CONDITION

Driver 1	Driver 2	
1	13	Previous Injury/Disability
2	14	Illness - Temporary
3	15	Fatigued - Asleep
4	16	Medicated
5	17	Normal
6	18	Emotionally Upset
7	19	Distraction - In or Outside
8	20	Preoccupied
9	21	Age
10	22	Condition Unknown
11	23	Other FATALITY
12	24	Had Been Drinking

21 CHEMICAL TEST

Driver 1	Driver 2	
1	4	Test Offered - Taken
2	5	Test Offered - Refused
3	6	Test Not Offered

22 ALCOHOL TEST

Driver 1	Driver 2	Type of Test
1	6	Blood
2	7	Breath
3	8	Urine
4	9	Saliva
5	10	Tissue

23 ALCOHOL TEST RESULTS

Driver No. 1	Driver No. 2
0.	0.

24 MISC. INFORMATION

Traffic Control/Sign Visible? Y
Controls Functioning? Y
Did Fire Occur? 1 Yes 2 Y
Tested for Drugs? 1 Yes 2 Y

5852912

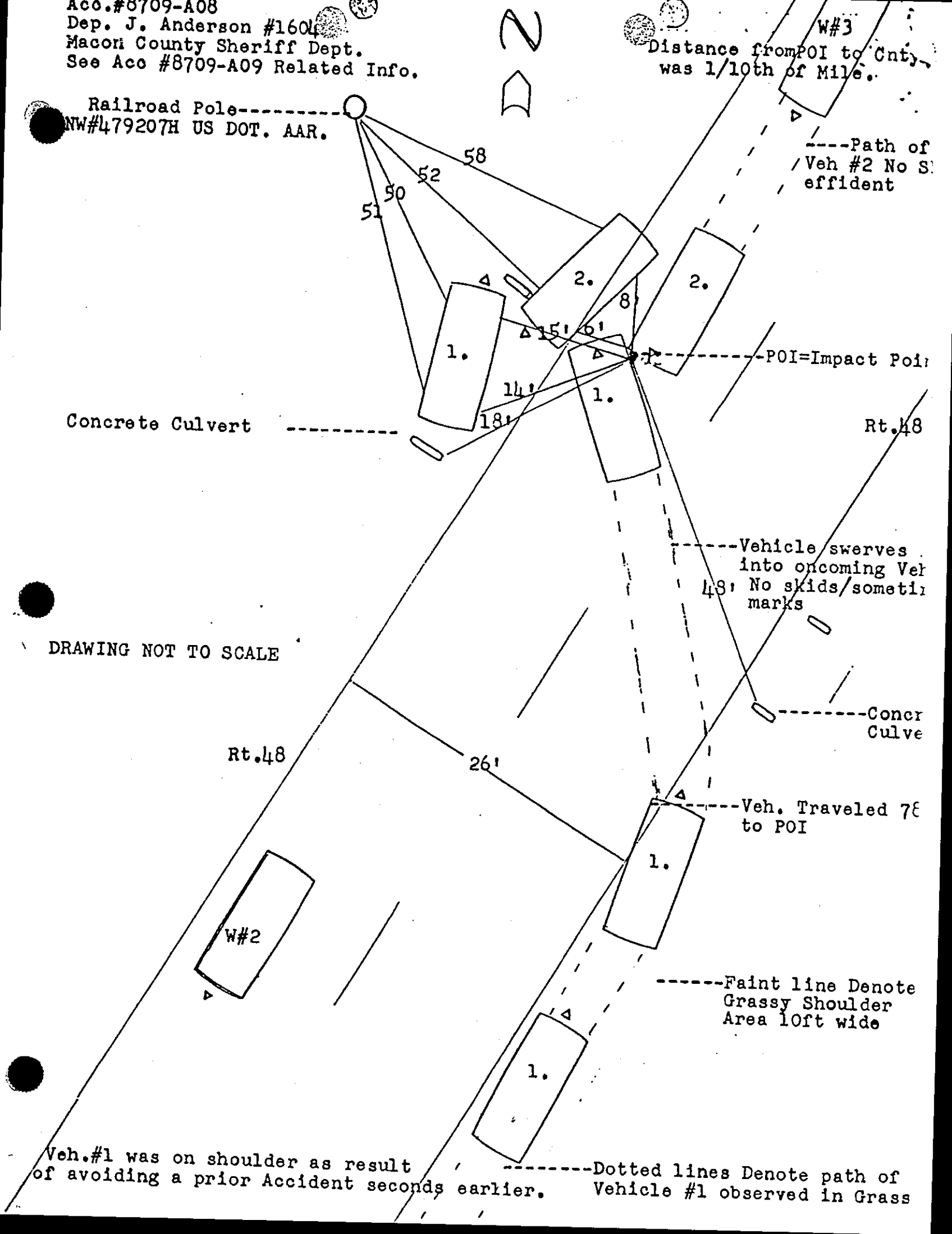
25 HAZARDOUS MATERIALS - MOTOR CARRIER SAFETY

- TRANSPORTATION OF HAZARDOUS MATERIALS
  VEHICLE 1 ☐ YES ☐ NO VEHICLE 2 ☐ YES ☐ NO
- DID VIOLATION OF HAZMAT REGULATIONS CONTRIBUTE TO ACCIDENT? ☐ YES ☐ NO ☐ UNK
- DID VIOLATION OF MCS REGULATIONS CONTRIBUTE TO ACCIDENT? ☐ YES ☐ NO ☐ UNK
- WAS INSPECTION FORM COMPLETED?
  HAZMAT ☐ YES ☐ NO ☐ UNK O/S
  MCS ☐ YES ☐ NO ☐ UNK O/S

26 SPECIAL STUDIES

CC: #15 #16

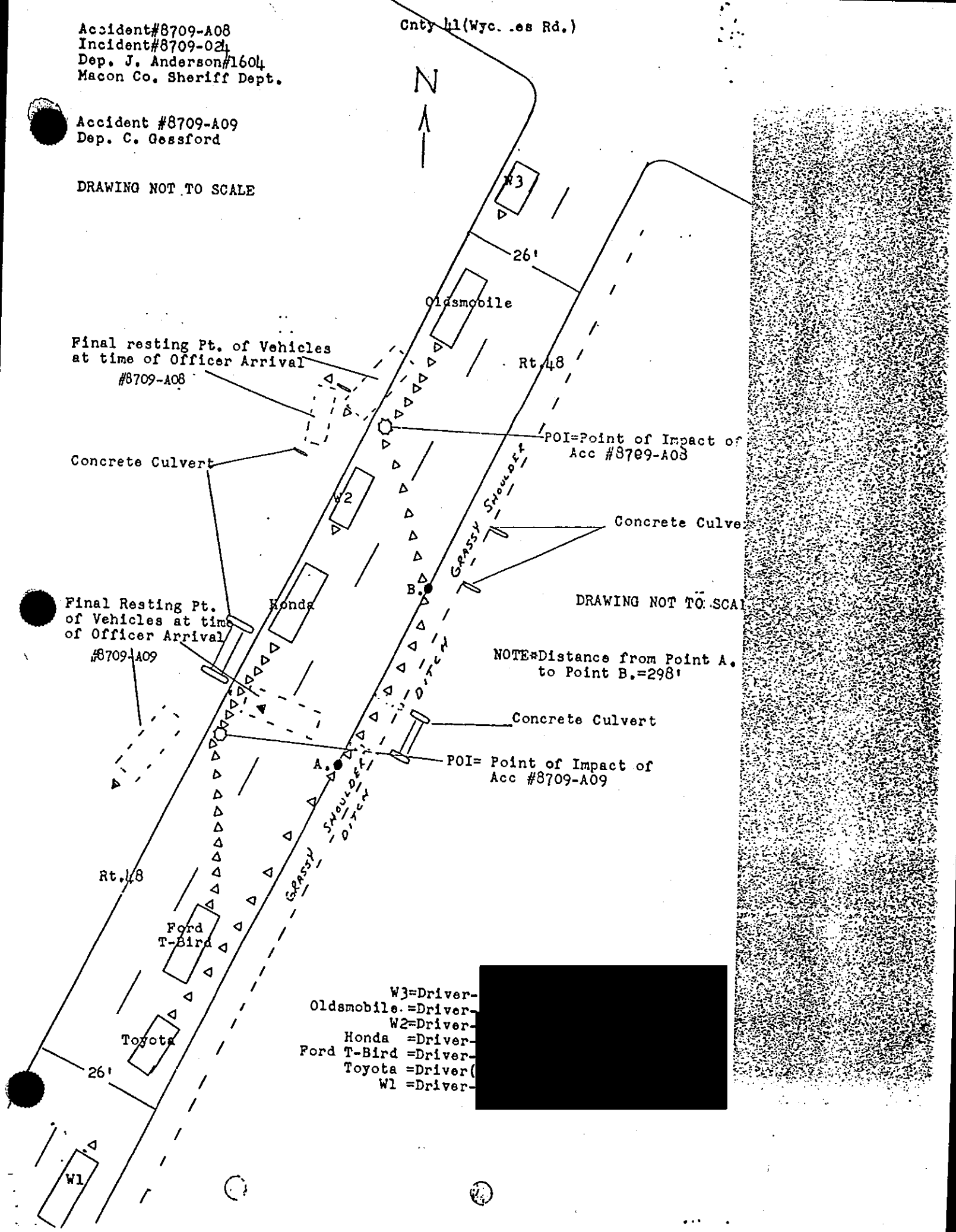
Acc.#8709-A08
Dep. J. Anderson #1604
Macon County Sheriff Dept.
See Acc #8709-A09 Related Info.



Accident#8709-A08
Incident#8709-024
Dep. J. Anderson#1604
Macon Co. Sheriff Dept.

Accident #8709-A09
Dep. C. Gessford

DRAWING NOT TO SCALE



17

BWP/lc
10/07/87

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

FILED IN THE DISTRICT COURT
OKLAHOMA COUNTY, OKLA.

OCT 20 1987
TOM PETUSKEY, Court Clerk
By _____
DEPUTY

WAYNE McCLURE, and MARGARET McCLURE, individually and and on behalf of JAMES MATTHEW McCLURE, deceased,	)	
Plaintiffs,	)	
vs.	)	No. CJ-87-5547
FORD MOTOR CORPORATION, and BETTY R. BAIRD, ~~and~~ THE TRAVELERS INSURANCE COMPANY, STROLEE, INC., and WAL-MART STORES, INC.,	)	
Defendants.	)	

PLAINTIFFS' SECOND AMENDED PETITION

COME NOW the Plaintiffs, and Amend their First Amended Petition in the above-styled case by striking all deleted material and underlining all new material.

1. Wayne McClure and Margaret McClure are husband and wife residing in Sulphur, Oklahoma. James Matthew McClure, deceased, was the eighteen month old son of Wayne and Margaret McClure. No personal representative has been appointed for the estate of James Matthew McClure.

2. Ford Motor Company is a foreign corporation with its principal place of business in Detroit, Michigan and is doing business in Oklahoma.

3. Betty R. Baird is a resident of Sulphur, Oklahoma.

EXHIBIT A

3A. The Travelers Insurance Company ("Travelers") is a corporation incorporated in the State of Illinois. Travelers is licensed to do business in the State of Oklahoma by the Insurance Commissioner of Oklahoma to issue policies of insurance covering various casualties including automobile liability policies.

3B. Plaintiffs have a cause of action for consequential and punitive damages due to Travelers' bad faith refusal to pay Plaintiffs' valid claim for uninsured/underinsured benefits under an automibile liability policy issued by Travelers. This policy was in force on December 15, 1986.

3C. Strolee, Inc. is a California corporation with its principal place of business in Rancho Dominguez, California, doing business in Oklahoma.

3D. Wal-Mart Stores, Inc. is a foreign corporation with its principal place of business in Bentonville, Arkansas, doing business in Oklahoma.

FIRST CAUSE OF ACTION

4. On December 15, 1986, at approximately 6:20 p.m., the vehicle driven by Betty R. Baird was improperly passing on a hill speeding and crossed the centerline striking the vehicle driven by Margaret McClure on U.S. Highway 177 near the intersection of Goddard Youth Camp Road in Murray County, Oklahoma.

5. As a result of the collision, Margaret McClure sustained serious and permanent injuries and James Matthew

McClure, the son of Wayne and Margaret McClure, sustained fatal injuries.

6. At the time of the collision, James Matthew McClure occupied the left rear seat of Margaret McClure's 1981 Mercury Cougar and was strapped in a child carrier seat with the seat belt in the Mercury Cougar. The automobile seat belt did not hold resulting in the ejection of the child carrier seat into and around the vehicle at the time of the collision with the Baird vehicle such that James Matthew McClure suffered fatal injuries from which he died that day.

7. Betty R. Baird was negligent in driving in excessive speed, passing on a hill, and failing to maintain control of her vehicle such that it crossed the center line striking the McClure vehicle. Betty R. Baird was driving a 1976 Ford Pinto station wagon.

8. The 1981 Mercury Cougar of Plaintiffs was defective and unreasonably dangerous for failing to incorporate a seat belt and seat buckle that would operate in foreseeable impacts without giving way as this seat belt buckle did. This seat belt made the vehicle defective. The vehicle was not crashworthy in foreseeable circumstances and was also therefore unreasonably dangerous to users.

9. The defects in the McClure vehicle and the negligence of Betty R. Baird did all come together as concurrent

causes to result in the permanent injury to Margaret McClure and the death of James Matthew McClure.

10. Wayne McClure the father and Margaret McClure the mother, suffered permanent losses as a result of the death of their eighteen month old son, James Matthew McClure for which they claim damages from Defendants, Betty Baird and Ford Motor Company, jointly and severally, in the amount of $1,500,000. Margaret McClure suffered permanent and severe injuries to her person as a result of the negligence of Betty R. Baird and the defects in the Ford Pinto for which she claims damages in the amount of $450,000.

11. Betty R. Baird's insurance is not adequate to meet the damages sued for in this case and therefore is underinsured.

12. Effective October 20, 1986, Plaintiffs obtained a Travelers Car Insurance Policy, policy number 88126 913504845 101 1 095 which provided coverage for liability--bodily injury and property damages--medical payments, uninsured motorists' insurance, and physical damage insurance.

13. The policy had coverage on two (2) motor vehicles, a 1984 Mercury Cougar and a 1982 Ford.

14. The 1984 Mercury Cougar was the motor vehicle involved in the above-described accident of December 5, 1986.

15. Following the accident of December 5, 1986, Plaintiffs demanded of Travelers to pay the limits of the policy

coverage on uninsured/underinsured motorists in the total sum of $100,000, and following submission of this demand, Plaintiffs attempted to negotiate with Travelers concerning payment of the claim. These attempts at negotiation extended over a six-month period. Travelers refused to negotiate in good faith and will not pay the $100,000 unless Plaintiffs execute a subrogation agreement of their crashworthiness claims against Ford Motor Company outside the language of the policy and bears no relation to any uninsured vehicle.

16. Issuance by Travelers of the policy of automobile liability insurance to Plaintiffs created a contractual relationship between Travelers and Plaintiffs. Travelers was, therefore, subject to the implied-in-law duty to act fairly and in good faith in order not to deprive Plaintiffs of the benefits of the policy.

17. Travelers instead has acted in bad faith in imposing a condition on the execution of a subrogation agreement by the Plaintiffs. This was done knowingly, intentionally, and with the purpose of discouraging, avoiding, or reducing the payment due Plaintiffs under the terms of the policy, thus impermissibly diluting the compulsory uninsured/underinsured policy limits on motor vehicles.

18. Travelers also acted in violation of the provisions of 36 Okla. Stat.1986 §§1219, 1221-1228, the Unfair Claim Settlement Practice statute of the State of Okahoma. Travelers

has damaged Plaintiffs the sums of $250,000 actual and $350,000 punitive damages.

SECOND CAUSE OF ACTION

Plaintiffs realleges all the matters stated in paragraphs 1 through 18 above and as additional grounds state that:

19. Strolee, Inc. made the car seat in which James McClure was riding at the time of his death. This child carrier seat was sold through Wal-Mart Stores, Inc. in Ardmore, Oklahoma to Plaintiffs.

20. This child carrier seat was unreasonably dangerous for foreseeable uses because the design was such that the method used to strap to the seat belt in an automobile could cause stresses on the seat belt buckle so that the seat belt buckle will not hold in the event of foreseeable impacts as occurred in this case. There were not adequate warnings. There was not adequate testing of this seat for foreseeable impacts and the effect of automobile seat belt buckles becoming dislodged due to the design of the rear of the child carrier seat where the buckle attaches to the child carrier.

21. Wal-Mart Stores, Inc. is responsible in products liability for the sale without adequate warnings and for the defective design.

22. Defendants Strolee, Inc. and Wal-Mart Stores, Inc. are responsible under manufacturers' products liability and negligence for such negligent design, negilgent failure to warn and strict liability defects in design, and testing failure to warn.

WHEREFORE, Plaintiffs pray damages in the aggregate amount of $2,650,000 from Defendants, jointly and severally, plus interests and costs thereon.

Law Offices of
JOHN W. NORMAN, INCORPORATED
Attorneys for Plaintiffs

By: _____

BRUCE W. PITZER - OBA# 10168
Renaissance Centre East
127 N.W. 10th
Oklahoma City, OK 73103-4903
405/272-0200

ATTORNEYS' LIEN CLAIMED
JURY TRIAL REQUESTED

OFFICIAL POLICE TRAFFIC COLLISION REPORT

OKLAHOMA 04 Reporting Agency: OKLAHOMA HIGHWAY PATROL No. #40313

Date: 12 15 86 Day of Week: MONDAY Hour: AM 6:22 PM County: MURRAY

— Type or Print —

LOCATION: Distance From Nearest City Limits: 6.4 Miles N ☐ S ☒ E ☐ W ☐ — SULPHUR (Name of Nearest City (if outside city limits))

STATE HIGHWAY CODES: Cities ☐ Control No. 5 Int. I.D. 0 1 Location County No. 51 City No.

County Section Line Grids Or City Street Codes: East 0 4 5 0 North 0 8 0 2

Crash Date: Crash Time: Collision Locn: Dist. Fro. Cr.

IN: ON: UNITED STATES HIGHWAY 177 (name or number of street or highway) AT: (name of intersecting road or landmark)

NOT AT INTERSECTION: 280 yd. North ☐ South ☒ East ☐ West ☐ mi. OF: Control Location ☒ — OF GODARD YOUTH CAMP Rd SD 205.00 (show nearest intersecting street or highway)

Time Notified: Date: 12 15 86 Hour: AM 6:40 PM

Arrived At Scene: Date: 12 15 86 Hour: AM 6:51 PM

MTR. VEH. INVOLVED 2 Number Injured 4 Number Killed 1

Unit 1 Occupants 4 APP ☐

Driver: BAIRD BETTY R 622-5584 (last first middle phone no.)

Address: PO BOX 471 SULPHUR OK 73086 (street or RFD, city and state, zip code)

License: 87 OK 448346654 (exp. yr., state, number) Operator ☒ Chauffeur ☐

Age: 49 Race: C Sex: F Date of Birth: 07 18 37 Given ☐

Vehicle: Br 76 Fd PINTO STW (color, year, make, model, style) Highschool Driver Training ☒ Yes ☐ No

Veh. ID No. 6X12Y166830 (C) (size) = { (towed vehicle)

License Plate: 4/87 OK MU1025 (year, state, number)

Equipped / In Use: Lap belt ☒ / ☒; Shoulder belt ☒ / ☒; Crash helmet ☐ / ☐; Ejected? ☐

Owner's Name: DRIVER (last, first, middle, phone no.)

SAME AS DRIVER

Is Veh. Operable? Yes ☐ No ☒

55 MPH legal speed, 70 MPH before contact, 65 MPH estimated speed contact, Burned? ☒ No, $ 500.00 estimated damage

Veh. removed to: SULPHUR OK 73086 by: ARBUCKLE SINCLAIR

Unit 2 Occupants 3 APP ☐

Driver ☒ Pedestrian ☐ Animal ☐ Train, etc. ☐

MCCLURE MARGARET E 622 5715 (last, first, middle, phone no.)

Address: PO BOX 402 SULPHUR OK 73086 (street or RFD, city and state, zip code)

License: 87 OK 522945257 (exp. yr., state, number) Operator ☒ Chauffeur ☐

Age: 30 Race: C Sex: F Date of Birth: 11 30 56 Given ☐

Vehicle: BEIGE 81 MERC COUGAR XR7 2Dr (color, year, make, model, style) Highschool Driver Training ☒ Yes ☐ No

Veh. ID No. 1MEBP90D1EH132611 (M) (size) = { (towed vehicle)

License Plate: 5/87 OK MUR 140 (year, state, number)

Equipped / In Use: Lap belt ☒ / ☒; Shoulder belt ☒ / ☒; Crash helmet ☐ / ☐; Ejected? ☐

Owner's Name: DRIVER (last, first, middle, phone no.)

Address: SAME

Is Veh. Operable? Yes ☐ No ☒

55 MPH legal speed, 50 MPH before contact, 40 MPH estimated speed contact, Burned? ☒ No, $ 2000.00 estimated damage

Veh. removed to: SULPHUR OK 73086 by: ARBUCKLE SINCLAIR

INJURED WITNESS INJ.

#	Injured / Witness	Name (last, first, middle)	Address	Phone No.	Age	Sex	Race	Veh. #	Position in vehicle	Injury Type	Crash Helmet	Pinned?	Ejected?	Shoulder Belt	Equipped	In Use	Lap Belt	Equipped	In Use
1	Injured ☒ / Witness ☐	MCCLURE JAMES M	PO BOX 402 SULPHUR OK 73086	622 5715	20	M	C	2	1 X	Head ☒	☒	Yes ☐	No ☒	☒	No	Yes ☒	☒	No	Yes ☒
2	Injured ☒ / Witness ☐	MCCLURE MARGARET E	PO BOX 402 SULPHUR OK 73086	622 5715	30	F	C	2	2 X	Head ☒, Trunk-External ☒, Trunk-Internal ☒, Arm Leg ☒	☒	Yes ☐	No ☒	☒	No	Yes ☒	☒	No	Yes ☒
3	Injured ☒ / Witness ☐	BAIRD BETTY R	PO BOX 471 SULPHUR OK 73086	622 5584	49	F	C	1	1 X	Head ☒	☒	Yes ☐	No ☒	☒	No	Yes ☒	☒	No	Yes ☒
4	Injured ☒ / Witness ☐	MCCLURE RYEN E	PO BOX 402 SULPHUR OK 73086	622 5715	4	F	C	2	3 X	Head ☒	☒	Yes ☐	No ☒	☒	No	Yes ☒	☒	No	Yes ☒

PEDESTRIAN INJ.

Injured Taken To: 1. ARBUCKLE MEMORIAL HOSPITAL By: ARBUCKLE AMBULANCE — Time left scene: 7:25 PM, Time arrived hospital: 7:32 PM

2. ARBUCKLE MEMORIAL HOSPITAL By: ARBUCKLE AMBULANCE — Time left scene: 7:25 PM, Time arrived hospital: 7:32 PM

3. ARBUCKLE MEMORIAL HOSPITAL By: MURRAY CO. S.D. UNIT #2 — Time left scene: 7:25 PM, Time arrived hospital: 7:32 PM

Damage to property other than vehicles: $ Owner: Address:

Investigation made at scene? Yes ☒ No ☐ — Investigation completed? Yes ☒ No ☐ — Operator's report given to driver — Veh. 1 ☒ Veh. 2 ☒ — Photos taken? Yes ☐ No ☒ — CHEMICAL TEST Driver #1 % Driver #2 % — HIT & RUN Yes ☐ No ☒

1. BAIRD BETTY R (last, first, middle) — Citation: FAILURE TO KEEP TO RIGHT ON ROAD OF SUFFICIENT WIDTH 11-301a — Citation No. 0039208

2. Citation: Citation No.

SIGN HERE: Trp D.L. Richardson (officer's rank & name) # 522 (badge number) — District or Division: F — Reviewed by: — Date of report: 12 15 86

DEC 0 - 1986

DEFENDANT'S EXHIBIT

WERE GOING TO DO

Unit 1	Unit 2	
X	X	1. Go ahead
		2. Turn left
		3. Turn right
		4. Make "U" turn
		5. Stop
		6. Slow for traffic
		7. Start from park
		8. Change lanes
		9. Overtake or pass
		10. Back
		11. Start in traffic lane
		12. Remove parked vehicle
		other

Unit 1	Unit 2	
		1. Slow ahead
		2. Turned left
		3. Turned right
		4. Executed "U" turn
		5. Stopped
		6. Slowed
		7. Started from park
X		8. Entered other lane
		9. Overtaking
		10. Backed
		11. Started forward
		12. Removed parked vehicle
	X	other SWERVED

Unit 1	Unit 2	
		1. Driveway road
		2. Alley
X	X	3. Two lanes
		4. Three lanes
		5. Four or more divided
		6. Four or more not divided
		7. Driveway
		8. Turn bay
		9. On ramp
		10. Off ramp
		11. Contl. zone
		other

Unit 1	Unit 2	
		1. Stop sign
		2. Traffic signal
		3. Flashing signal
		4. Yield sign
		5. Warning sign
		6. RR gates, signals
		7. Hazardous zone
		8. Officer
X	X	9. No control
		other
		10. Abnormal control

Unit 1	Unit 2	
		1. Straight ahead
	X	2. Straight right
X		3. Straight left
		4. Straight ahead left
		5. Curve ahead
		6. Curve right
		7. Curve left
		8. Curve ahead left
		9. Sharp curve (add to above if applicable)
		other

Unit 1	Unit 2	
X	X	1. Accidentally moved
		2. Driver negligently moved
		3. Odor of alcoholic beverage
		4. Very loud
		5. Sleepy
		6. Sick
		7. Condition not known
		Basis indicators (odor, slur, stress, etc.)
		other

Unit 1	Unit 2	
		1. Pedestrian
		2. Bicycle
		3. Motor vehicle
		4. Fixed object
		5. Parked motor vehicle
		6. Parked equipment
		7. Pavement or sidewalk
		8. Plowing
		9. Other moving
		other

Unit 1	Unit 2	
		1. Sewer light pole
		2. Other utility pole
		3. Guard rail
		4. Guard post
		5. Culvert
		6. Traffic signal
		7. Barrier
		8. Curb
		9. Island
		10. Traffic control sign
		11. Drain
		12. Embankment
		13. Tree
		14. Dividing Strip
		15. Retaining wall
		Bridge (pier, abutment, etc.)
		Other highway struct.
		other

POINT OF FIRST CONTACT ON VEHICLES

Unit 1	Unit 2	TOP	Unit 1	Unit 2	BOTTOM
		1. Front center			7. Right side center
		2. Front right			8. Right side rear
X		3. Front left			9. Right side left
		4. Rear center			10. Left side center
		5. Rear right			11. Left side rear
		6. Rear left			12. Left side left

Unit 1	Unit 2	ROAD CONDITION
		1. Dry
		2. Wet
		3. Ice/Snow
		4. Muddy
X	X	other SAME

Unit 1	Unit 2	ROAD SURFACE
		1. Concrete
X	X	2. Asphalt
		3. Gravel
		4. Dirt
		other

	LOCALITY
X	1. Residential
	2. Business
	3. Industrial
	4. School
	5. Non business
	other

LIGHT		WEATHER	
		1. Daylight	1. Clear
X		2. Darkness	2. Partly cloudy
		3. Dawn	2. Overcast
		4. Dusk	4. Raining
		5. Dark	5. Snowing
		other	X other FOG

Unit 1	Unit 2	VEHICLE CONDITION
	X	1. Accidentally moved
		2. Brakes
		3. Steering
		4. Headlights
		5. Taillights
X		6. Tires
		other

TIRE CHECK

U-1	U-2
7/32	7/32
7/32	7/32
7/32	7/32

Insurance
Name
By Agent

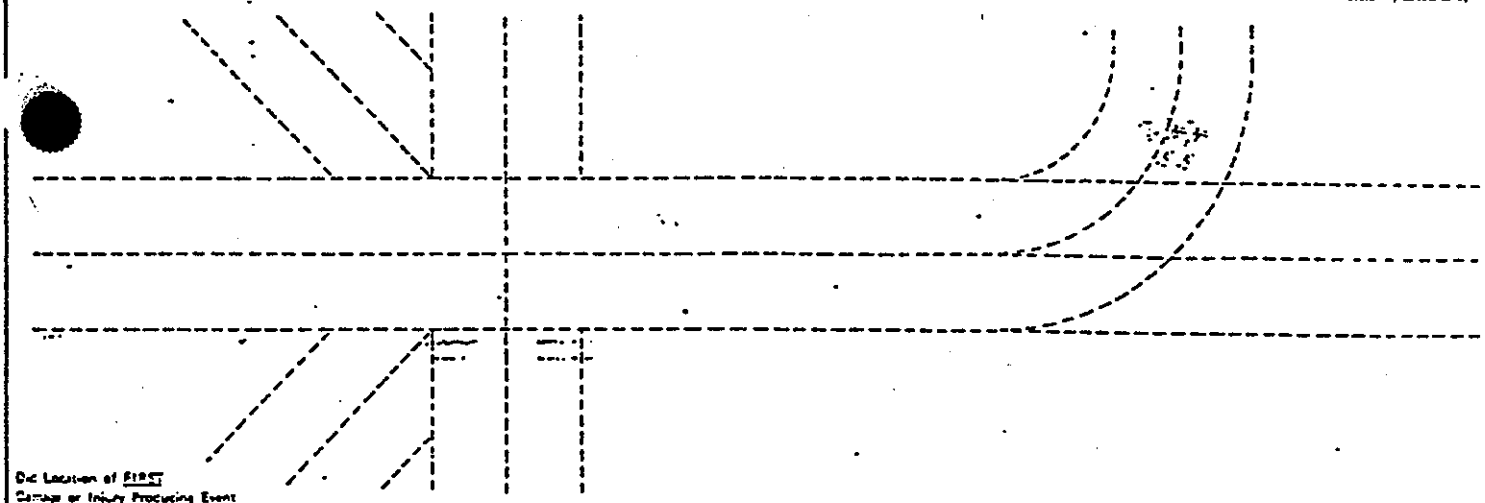
DIRECTION OF TRAVEL

Veh. 1 N ☐ S ☐ E ☐ W ☐

Veh. 2 N ☐ S ☐ E ☐ W ☐

Investigating officer by

COLLISION DIAGRAM



Did Location of FIRST Damage or Injury Producing Event Occur on Travel Portion of Trafficway?

Yes ☐ No ☐

Contact in Road/Operate Vehicle

REMARKS: (Comments that will clarify narrative) (Refer to vehicles by number)

DRIVER OF VEHICLE #1 STATED SHE WAS TRAVELING SOUTH ON UNITED STATES HIGHWAY 177 AND THE STEERING SEEMED VERY LIGHT VEHICLE STARTED WEAVING BACKER FORTH IN TRAFFIC LANES AS IF NO CONTROL OF STEERING WHEEL. DRIVER ALSO STATED SHE GOT FOOT HUNG UP IN RUBBER FLOORMAT LOOKING DOWN AT FLOOR SHE WENT INTO NORTHBOUND TRAFFIC LANE INTO THE PATH OF VEHICLE #2 WHICH WAS TRAVELING NORTH. DRIVER OF VEHICLE #2 STATES SHE OBSERVED A SET OF HEADLIGHTS IN HER LANE OF TRAFFIC SHE SWERVED VEHICLE TO RIGHT.

UNLAWFUL, OR OTHER ACTION (this section — primarily for general statistics and administrative purposes)

		Describe	Unit 1	Unit 2		Describe
	1. Other (describe) 18				6. Changed Lanes Unsafely VEH #1	DEFECTIVE TIRES
	2. Failed to Yield/Stop			X	7. Unsafe Vehicle	OF ROAD OF SUFFICIENT
	3. Followed too Closely VEH #1	EXCEEDING LEGAL-		X	8. Left of Center	WIDTH
X	4. Unsafe Speed	LIMIT.			9. Not Known — or — No Improper Action	
	5. Made Improper Turn				10. Pedestrian/Bicycle Action	

SUPPLEMENT to the **OKLAHOMA**

OFFICIAL POLICE TRAFFIC COLLISION REPORT

Reporting Agency: OKLAHOMA HIGHWAY PATROL

Do not write in this space — No. #40 13

Date: 12 15 86 Day of Week: MONDAY Hour: AM 6:22 PM County: MURRAY

Distance From Nearest City Limits: 6.4 Miles N ☐ S ☒ E ☐ W ☐

SULPHUR — Name of Nearest City (if outside city limits)

LOCATION: IN (city or town) ON UNITED STATES HIGHWAY 177 (name or number of street or highway) AT/NOT AT INTERSECTION 220' S GODDARD YOUTH CAMP RD 50 20 5.00 (name of intersecting road or landmark)

MTR. VEH. INVOLVED 2 | Number Injured 5 | Number Killed 1

ADDITIONAL INJURED OR WITNESS OR INTERPRETER

Veh.	Injured- / Witness-	Name (last, first, middle)	Address	Phone No.	Age	Sex	Race	Veh.	Position in vehicle	Injury Type	Trunk-External	Trunk-Internal	Arm	Leg	Crash Helmet	Pinned? Ejected?	Shoulder Belt	Equipped	In Use	Lap Belt	Equipped	In Use	Drd.
5	Injured ☒	[redacted]	[redacted] SULPHUR OK [redacted]		11	M	C	2	1 2 ☒ / 4 5 6	A K / B ☒	Y		Y		Yes ☒	Yes ☒ / Yes ☒		☒ No	Yes ☒		☒ No	Yes ☒	
6	Injured ☐ / Witness ☐								1 2 3 / 4 5 6	A K / B C					No / Yes	Yes No / Yes No		Yes No	Yes No		Yes No	Yes No	
7	Injured ☐ / Witness ☐								1 2 3 / 4 5 6	A K / B C					No / Yes	Yes No / Yes No		Yes No	Yes No		Yes No	Yes No	
8	Injured ☐ / Witness ☐								1 2 3 / 4 5 6	A K / B C					No / Yes	Yes No / Yes No		Yes No	Yes No		Yes No	Yes No	
9	Injured ☐ / Witness ☐								1 2 3 / 4 5 6	A K / B C					No / Yes	Yes No / Yes No		Yes No	Yes No		Yes No	Yes No	
10	Injured ☐ / Witness ☐								1 2 3 / 4 5 6	A K / B C					No / Yes	Yes No / Yes No		Yes No	Yes No		Yes No	Yes No	
11	Injured ☐ / Witness ☐								1 2 3 / 4 5 6	A K / B C					No / Yes	Yes No / Yes No		Yes No	Yes No		Yes No	Yes No	
12	Injured ☐ / Witness ☐								1 2 3 / 4 5 6	A K / B C					No / Yes	Yes No / Yes No		Yes No	Yes No		Yes No	Yes No	

ADDITIONAL CHARGES

	Name (last, first, middle)	Citation	Citation No.
3			
4			
5			
6			
7			
8			

Nonmotorist Unit (Vehicle "A") Owner: (last, first, middle) Address: (street, city and state, zip code)

License: (exp. year, state, number) Age: Sex: Race: DOB: (mo., day, yr.)

Vehicle: (year, make, model, style) License plate: (yr., state, number)

Owner's Name: (last, first, middle) Address: (street, city and state, zip code)

REMARKS:

P.O.I. WAS APPROX. 3' EAST OF THE CENTER LINE OF UNITED STATES HIGHWAY 177 AND 220' SOUTH OF GODDARD YOUTH CAMP ROAD AT IMPACT. VEHICLE #1 HAD 48' OF SKID MARKS BEFORE IMPACT AND TRAVELED 135' SOUTH AFTER IMPACT. VEHICLE #2 TRAVELED 81' NORTH AFTER IMPACT. JAMES M MCCLURE WAS PRONOUNCED DEAD AT ARBUCKLE MEMORIAL HOSPITAL AT 7:32 PM 12 15 86 BY Dr. RIDDLE.

SIGN HERE: TRP Gaul E Richardson (officer's rank & name) # 522 (badge number) | F | 728 | Date of report: 12 15 86

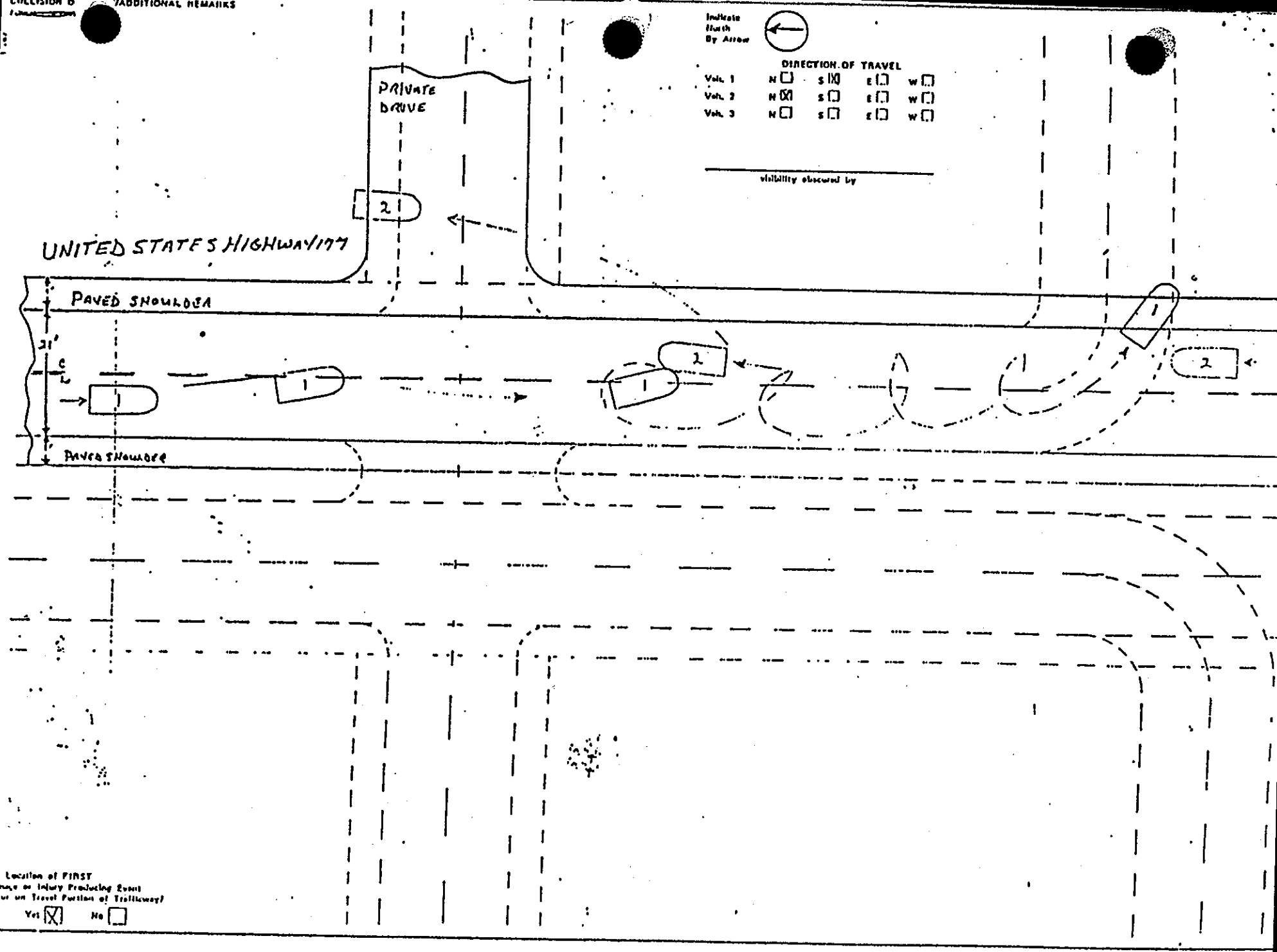
COLLISION D ADDITIONAL REMARKS

Indicate North By Arrow

DIRECTION OF TRAVEL

Veh. 1	N ☐	S ☒	E ☐	W ☐
Veh. 2	N ☒	S ☐	E ☐	W ☐
Veh. 3	N ☐	S ☐	E ☐	W ☐

visibility obscured by

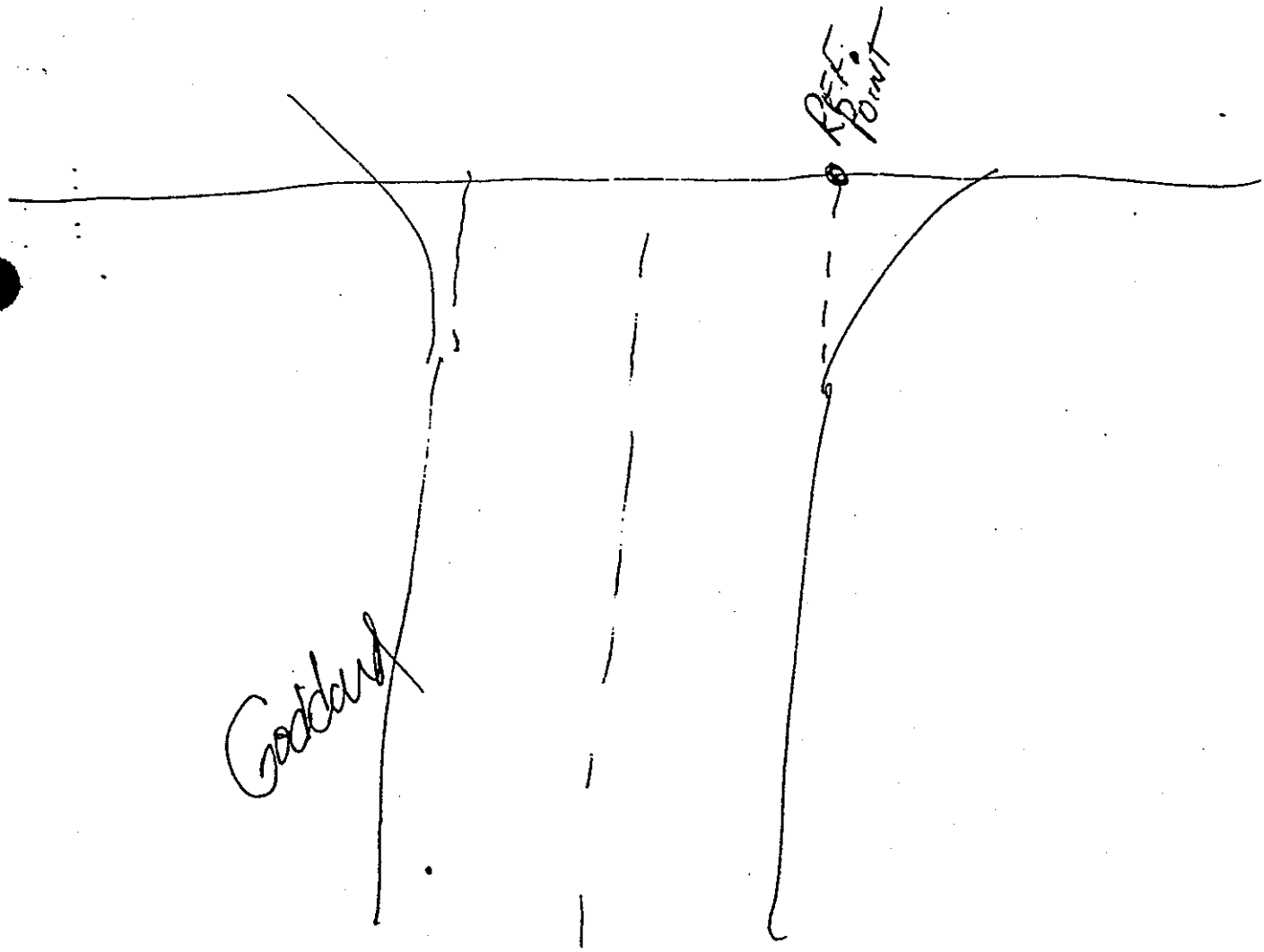


Did Location of FIRST Damage or Injury Producing Event Occur on Travel Portion of Trafficway?

Yes ☒ No ☐

DEFENDANT'S
EXHIBIT
5
PENGAD-Bayonne, N. J.

Hwy 177



18

SUMMONS
(CITACION JUDICIAL)

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

NOTICE TO DEFENDANT: *(Aviso a Acusado)*

FORD MOTOR COMPANY, CROWN MOTORS, INC., and DOES I through XX, inclusive

YOU ARE BEING SUED BY PLAINTIFF:
(A Ud. le está demandando)

WILLIAM SCALF, JR.

You have *30 CALENDAR DAYS* after this summons is served on you to file a typewritten response at this court.

A letter or phone call will not protect you; your typewritten response must be in proper legal form if you want the court to hear your case.

If you do not file your response on time, you may lose the case, and your wages, money and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

Después de que le entreguen esta citación judicial usted tiene un plazo de 30 DIAS CALENDARIOS *para presentar una respuesta escrita a máquina en esta corte.*

Una carta o una llamada telefónica no le ofrecerá protección; su respuesta escrita a máquina tiene que cumplir con las formalidades legales apropiadas si usted quiere que la corte escuche su caso.

Si usted no presenta su respuesta a tiempo, puede perder el caso, y le pueden quitar su salario, su dinero y otras cosas de su propiedad sin aviso adicional por parte de la corte.

Existen otros requisitos legales. Puede que usted quiera llamar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de referencia de abogados o a una oficina de ayuda legal (vea el directorio telefónico).

CASE NUMBER: *(Número del Caso)*
95125

The name and address of the court is: *(El nombre y dirección de la corte es)*

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SHASTA
1500 Court Street
Redding, CA 96001
916/225-5631

RECEIVED
JUN 08 1989

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)

BARR, NEWLAN & SINCLAIR
A Professional Corporation
Post Office Box 4417, 1824 Court Street
Redding, CA 96099 (916) 243-3008

DATE: *(Fecha)* MAY 23 1989 ANN REED Clerk, by *(Actuario)* [signature], Deputy *(Delegado)*

SEAL

NOTICE TO THE PERSON SERVED: You are served
1. [ ] as an individual defendant.
2. [ ] as the person sued under the fictitious name of *(specify)*:
3. [XX] on behalf of *(specify)*: GRASS VALLEY FORD-LINCOLN-MERCURY

under:
- [XX] CCP 416.10 (corporation)
- [XX] CCP 416.20 (defunct corporation)
- [XX] CCP 416.40 (association or partnership)
- [ ] other:
- [ ] CCP 416.60 (minor)
- [ ] CCP 416.70 (conservatee)
- [ ] CCP 416.90 (individual)

4. [✓] by personal delivery on *(date)*: 1 JUN 89 3:35 PM

JOHN D. BARR
BARR, NEWLAN & SINCLAIR
A Professional Corporation
1824 Court Street/P.O. Box 4417
Redding, CA 96099
Telephone: (916)243-8008

Attorneys for Plaintiff

FILED
JUN 27 1988
ANN REED, CLERK
By S.L. MURRAY
Deputy Clerk

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SHASTA

WILLIAM SCALF, JR., Plaintiff, vs. FORD MOTOR COMPANY, CROWN MOTORS, INC., and DOES I XX, inclusive, Defendants.	NO. 95125 COMPLAINT

Plaintiff alleges:

I.

That the true names or capacities, whether individual, corporate, associate or otherwise, of Defendant DOES I through XX, inclusive, are unknown to plaintiff who therefore sues said defendants by such fictitious names. Plaintiff is informed and believes and thereon alleges that each of the defendants designated herein as a DOE is negligently, intentionally, or in some other manner responsible for the events and happenings herein referred to, and negligently, intentionally, or in some other manner, caused injury and damages proximately thereby to the plaintiff as herein alleged.

II.

Plaintiff is informed and believes and on that information and belief states that the Defendants FORD MOTOR COMPANY and CROWN MOTORS, INC. were and at all times pertinent hereto corporations authorized to do business and actually doing business in the State of California.

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(916) 243-8008

III.

In May of 1987 the plaintiff purchased a certain 1987 Ford F-150 four wheel drive pickup truck bearing California license plate number 3755906 from the defendant CROWN MOTORS, INC.

IV.

The pickup truck in question was designed, manufactured, distributed and sold by the Defendant FORD MOTOR COMPANY.

V.

At the time that the aforesaid pickup was sold to the plaintiff it was in a dangerous and defective condition so as to render the defendants, and each of them, strictly liable in tort for injuries received by the plaintiff.

VI.

On or about April 20, 1988, the plaintiff was operating the aforesaid pickup in an east bound direction on State Route 44 in the County of Shasta, State of California.

VII.

At that time and place as a consequence of the defective condition of the pickup the pickup rolled over proximately causing thereby injuries and damages to the plaintiff as more particularly hereinafter alleged.

VIII.

At that time and place as a result of further dangerous and defective condition in the pickup, the seat belt therein failed to operate properly and did not restrain the plaintiff proximately causing thereby injuries and damages as more particularly hereinafter alleged.

IX.

As a direct, proximate, immediate and foreseeable result of the negligence of the defendants, and each of them, the plaintiff was injured and suffered grievous and permanent injuries to his physical, mental, emotional and nervous systems, all to his damage in an amount greatly in excess of the minimum jurisdiction of this Court.

X.

As a further direct, proximate, immediate and foreseeable result of the negligence of the defendants, and each of them, plaintiff was forced to hire physicians and surgeons and undergo

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other and further expense as and for his medical care, all in an amount which cannot yet be ascertained. Plaintiff will seek leave to amend this complaint to allege such amount when it becomes more certain.

XI.

As a further direct, proximate, immediate and foreseeable result of the negligence of the defendants, and each of them, the plaintiff lost wages and other income and has been greatly reduced in his working capacity. The plaintiff is informed and believes and on such information and belief states that this said loss of wages and reduction in earning capacity will continue on into the future in an amount which cannot yet be ascertained.

WHEREFORE, plaintiff prays for judgment against defendants, and each of them, as follows:

1. General damages in excess of the minimum jurisdiction of this Court;
2. Medical expenses according to proof;
3. Loss of wages and working capacity, according to proof;
4. Prejudgment interest;
5. Costs of this suit; and
6. Such other and further relief as this Court shall deem just.

DATED: June 27, 1988.

BARR, NEWLAN & SINCLAIR

By JOHN D. BARR
JOHN D. BARR
Attorneys for Plaintiff

BARR, NEWLAN
& SINCLAIR
A Professional
Corporation
P.O. BOX 4417
REDDING, CA 96099
(916) 243-8008

JOHN D. BARR
TAMRA L. PAGE
BARR, NEWLAN & SINCLAIR
A Professional Corporation
1824 Court Street/P.O. Box 4417
Redding, CA 96099
Telephone: (916)243-8008

Attorneys for Plaintiff

FILED

JAN 20 1989

ANN REED, CLERK

By C. MILLER
Deputy Clerk

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SHASTA

WILLIAM SCALF, JR. Plaintiff, vs. FORD MOTOR COMPANY, CROWN MOTORS, INC., and DOES I through XX, inclusive, Defendants.	NO. 95125 FIRST AMENDED COMPLAINT

Plaintiff alleges:

FIRST CAUSE OF ACTION

(Strict Liability and Tort)

I.

That the true names or capacities, whether individual, corporate, associate or otherwise, of Defendant DOES I through XX, inclusive, are unknown to plaintiff who therefore sues said defendants by such fictitious names. Plaintiff is informed and believes and thereon alleges that each of the defendants designated herein as a DOE is negligently, intentionally, or in some other manner responsible for the events and happenings herein referred to, and negligently, intentionally, or in some other manner, caused injury and damages proximately thereby to the plaintiff as herein alleged.

II.

Plaintiff is informed and believes and on that information and belief states that the Defendants FORD MOTOR COMPANY and CROWN MOTORS, INC. were and at all times pertinent hereto corporations

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authorized to do business and actually doing business in the State of California.

III.

In May of 1987 the plaintiff purchased a certain 1987 Ford F-150 four wheel drive pickup truck bearing California license plate number 3755906 from the Defendant CROWN MOTORS, INC.

IV.

The pickup truck in question was designed, manufactured, distributed and sold by the Defendant FORD MOTOR COMPANY.

V.

At the time that the aforesaid pickup was sold to the plaintiff it was in a dangerous and defective condition so as to render the defendants, and each of them, strictly liable in tort for injuries received by the plaintiff.

VI.

On or about April 2, 1988, the plaintiff was operating the aforesaid pickup in an east bound direction on State Route 44 in the County of Shasta, State of California..

VII.

At that time and place as a consequence of the defective condition of the pickup the pickup rolled over proximately causing thereby injuries and damages to the plaintiff as more particularly hereinafter alleged.

VIII.

At that time and place as a result of further dangerous and defective condition in the pickup, the seat belt therein failed to operate properly and did not restrain the plaintiff proximately causing thereby injuries and damages as more particularly hereinafter alleged.

IX.

As a direct, proximate, immediate and foreseeable result of the defects and accident as herein alleged, the plaintiff sustained serious permanent injuries to his physical, mental, emotional and nervous systems, all to his damage in an amount greatly in excess of the minimum jurisdiction of this court.

X.

As a further direct, proximate, immediate and foreseeable result of the defects, accident and injuries sustained by the

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plaintiff as herein alleged, plaintiff was required to and did employ physicians, surgeons and undergo other and further expense as and for his medical care, all in an amount which cannot yet be ascertained. Plaintiff will seek leave to amend this complaint to allege such amount when it becomes more certain.

XI.

As a further direct, proximate, immediate and foreseeable result of the defects, accident and injuries sustained by the plaintiff, the plaintiff lost wages and other income and has been greatly reduced in his working capacity. The plaintiff is informed and believes and on such information and believe states that this said loss of wages and reduction in earning capacity will continue on into the future in an amount which cannot yet be ascertained.

SECOND CAUSE OF ACTION

(Negligence)

XII.

Plaintiff incorporates herein by reference paragraphs I through XI of the First Cause of Action as though fully set forth herein.

XIII.

At all times herein mentioned defendants, and each of them, have a duty to discover and correct defects and were negligent in failing to perform such duties.

XIV.

On or about April 20, 1988, as a result of the dangerous and defective condition of the seat belt in the pickup truck, the seat belt therein failed to operate properly and did not restrain the plaintiff proximately causing thereby injuries and damages as more particularly hereinafter alleged.

XV.

As a direct, proximate, immediate and foreseeable result of the negligence of the defendants, and each of them, the plaintiff was injured and suffered grievous and permanent injuries to his physical, mental, emotional and nervous systems, all to his damage in an amount greatly in excess of the minimum jurisdiction of this court.

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XVI.

As a further direct, proximate, immediate and foreseeable result of the negligence of the defendants, and each of them, plaintiff was forced to hire physicians and surgeons and undergo other and further expense as and for his medical care, all in an amount which cannot yet be ascertained. Plaintiff will seek leave to amend this complaint to allege such amount when it becomes more certain.

XVII.

As a further direct, proximate, immediate and foreseeable result of the negligence of the defendants, and each of them, the plaintiff lost wages and other income and has been greatly reduced in his working capacity. The plaintiff is informed and believes and on such information and belief states that this said loss of wages and reduction in earning capacity will continue on into the future in an amount which cannot yet be ascertained.

WHEREFORE, plaintiff prays for judgment against defendants, and each of them, as follows:

1. General damages in excess of the minimum jurisdiction of this Court;
2. Medical expenses according to proof;
3. Loss of wages and working capacity, according to proof;
4. Prejudgment interest;
5. Costs of this suit; and
6. Such other and further relief as this Court shall deem just.

DATED: January 19, 1989.

BARR, NEWLAN & SINCLAIR

TAMRA L. PAGE

By_____

TAMRA L. PAGE
Attorneys for Plaintiff

BARR, NEWLAN
& SINCLAIR
A Professional
Corporation
P.O. BOX 4417
REDDING, CA 96099
(916) 243-8008

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	JURISDICTION	DISTRICT	NUMBER
	1	☐	UNINCORP.	ANDERSON	4-76
	NUMBER KILLED	HIT & RUN MISD.	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	SHASTA	20	

LOCATION

COLLISION OCCURRED ON	MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
SR44 E/B	4	20	88	0600	9135	5134

MILEPOST INFORMATION: 1550 FEET/~~METERS~~ W. OF MILEPOST 44 SHA 37.00

☐ AT INTERSECTION WITH
☒ OR: 1750 FEET/~~METERS~~ W. OF STARLITE PINES RD. C.R.

DAY OF WEEK: S M T (W) T F S

TOW AWAY: ☒ YES ☐ NO

STATE HWY REL: ☒ YES ☐ NO

PHOTOGRAPHS BY: ☒ NONE

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
[redacted]	CA	3	G	87	FORD F150 PIU GRAY	[redacted]	CA

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ — ST[redacted]

OWNER'S NAME: ☒ SAME AS DRIVER

PARKED VEHICLE ☐ — CITY / STATE / ZIP: OAK RUN CA. [redacted]

OWNER'S ADDRESS: ☒ SAME AS DRIVER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO.	DAY	YEAR	RACE
M	BRN	BRN	5-10	210	2	22	64	

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

KEITH'S TOW

OTHER ☐ — HOME PHONE ( ) [redacted] BUSINESS PHONE ( )

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

INSURANCE CARRIER: PRUDENTIAL POLICY NUMBER: [redacted]

CHP USE ONLY VEHICLE TYPE: 22

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

DIR. OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	PCF
E/B	SR44	55	22350VC

ICC ☐ PUC ☐ CHP ☐

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN ☐ — STREET ADDRESS

OWNER'S NAME: ☐ SAME AS DRIVER

PARKED VEHICLE ☐ — CITY / STATE / ZIP

OWNER'S ADDRESS: ☐ SAME AS DRIVER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO.	DAY	YEAR	RACE

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

OTHER ☐ — HOME PHONE ( ) BUSINESS PHONE ( )

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

INSURANCE CARRIER POLICY NUMBER

CHP USE ONLY VEHICLE TYPE

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

DIR. OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	PCF

ICC ☐ PUC ☐ CHP ☐

PARTY 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN ☐ — STREET ADDRESS

OWNER'S NAME: ☐ SAME AS DRIVER

PARKED VEHICLE ☐ — CITY / STATE / ZIP

OWNER'S ADDRESS: ☐ SAME AS DRIVER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO.	DAY	YEAR	RACE

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

OTHER ☐ — HOME PHONE ( ) BUSINESS PHONE ( )

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

INSURANCE CARRIER POLICY NUMBER

CHP USE ONLY VEHICLE TYPE

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

DIR. OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	PCF

ICC ☐ PUC ☐ CHP ☐

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
B.F. LEWIS #5134	☒ YES ☐ NO ☐ N/A	[illegible]	5-3-88

DATE OF COLLISION MO. 4 DAY 20 YEAR 88	TIME (2400) 0600	NCIC NUMBER 9135	OFFICER I.D. 5134	NUMBER 4-76

PROPERTY DAMAGE

OWNER'S NAME / ADDRESS

NOTIFIED ☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STA. WGN. REAR
8 - RR. OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

1 2 3
4 5 6
7

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

L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
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
V - NO
W - YES
PASSENGER
X - NO
Y - YES

EJECTED FROM VEH.

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR
LIST NUMBER (#) OF PARTY AT FAULT

- # 1 A VC SECTION VIOLATED: 22350 — CITED ☐ YES ☒ NO
- # B OTHER IMPROPER DRIVING *
- C OTHER THAN DRIVER*
- D UNKNOWN*
- # E FELL ASLEEP*

WEATHER (MARK 1 TO 2 ITEMS)

- A CLEAR
- B CLOUDY
- C RAINING
- X D SNOWING
- E FOG / VISIBILITY FT.
- F OTHER*:
- G WIND

LIGHTING

- A DAYLIGHT
- X B DUSK - DAWN
- C DARK - STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

- A DRY
- B WET
- X C SNOWY - ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)

- A HOLES, DEEP RUTS*
- B LOOSE MATERIAL ON RDWY.*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION - REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*:
- X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

- A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- X D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

- A HEAD-ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- X F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH

- X A NON-COLLISION
- B PEDESTRIAN
- C OTHER MOTOR VEHICLE
- D MOTOR VEH. ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTION

- X A NO PEDESTRIAN INVOLVED
- B CROSSING IN CROSSWALK AT INTERSECTION
- C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D CROSSING - NOT IN CROSSWALK
- E IN ROAD - INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACH / LEAVING SCHOOL BUS

TYPE OF VEHICLE

	1	2	3
A PASSENGER CAR / STA. WGN.			
B PASSENGER CAR W / TRAILER			
C MOTORCYCLE / SCOOTER			
D PICKUP ~~OR PANEL TRUCK~~	X		
E PICKUP / PANEL TRK. W / TLR.			
F TRUCK OR TRUCK TRACTOR			
G TRK. / TRK. TRACTOR W / TLR.			
H SCHOOL BUS			
I OTHER BUS			
J EMERGENCY VEHICLE			
K HWY. CONST. EQUIPMENT			
L BICYCLE			
M OTHER VEHICLE			
N PEDESTRIAN			
O MOPED			

OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATED: 21650 — CITED ☒ YES ☐ NO	X		
B VC SECTION VIOLATED: — CITED ☐ YES ☐ NO			
C VC SECTION VIOLATED: — CITED ☐ YES ☐ NO			
D			
E VISION OBSCUREMENT :			
F INATTENTION*			
G STOP & GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD			
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT			
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED			
B PROCEEDING STRAIGHT			
C RAN OFF ROAD	X		
D MAKING RIGHT TURN			
E MAKING LEFT TURN			
F MAKING U TURN			
G BACKING			
H SLOWING / STOPPING			
I PASSING OTHER VEHICLE			
J CHANGING LANES			
K PARKING MANEUVER			
L ENTERING TRAFFIC			
M OTHER UNSAFE TURNING			
N XING INTO OPPOSING LANE			
O PARKED			
P MERGING			
Q TRAVELING WRONG WAY			
R OTHER:*			

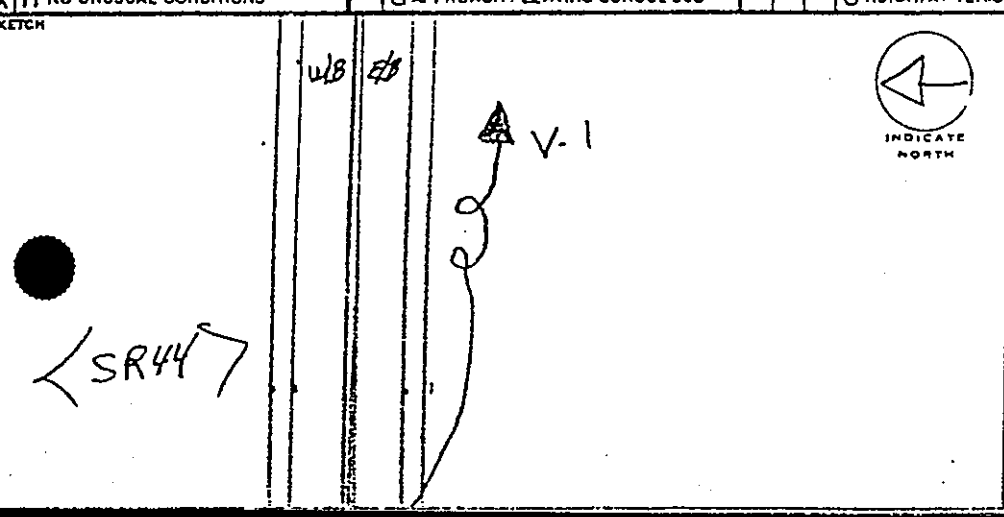
SOBRIETY-DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

	1	2	3
A HAD NOT BEEN DRINKING	X		
B HBD - UNDER INFLUENCE			
C HBD - NOT UNDER INFLU.*			
D HBD - IMPAIRMENT UNK.*			
E UNDER DRUG INFLU.*			
F IMPAIRMENT - PHYSICAL*			
G IMPAIRMENT NOT KNOWN			
H NOT APPLICABLE			
I SLEEPY / FATIGUED			

SPECIAL INFORMATION

- A HAZARDOUS MATERIAL

SKETCH



MISCELLANEOUS

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
4-20-88	0600	9135	5134	4-76

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
[redacted]	☐	24	M	☐	☐	☐	☒	☒	☐	☐	☐	☐	1	1	G	O

NAME / D.O.B. / ADDRESS: <DR-1> [redacted] TELEPHONE

(INJURED ONLY) TRANSPORTED BY: MERCY L.S.U. TAKEN TO: R.M.C.

DESCRIBE INJURIES: LOWER BACK PAIN - UNABLE TO MOVE LEGS

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ #1	☐	57	F	☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME: [redacted] <SUMMIT @ SN 44> [redacted] TELEPHONE SHINGLETOWN

(INJURED ONLY) TRANSPORTED BY: TAKEN TO: [redacted]

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ #2	☐	X	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME: [redacted] <BAMBI DR> SHINGLETOWN TELEPHONE [redacted]

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO.

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

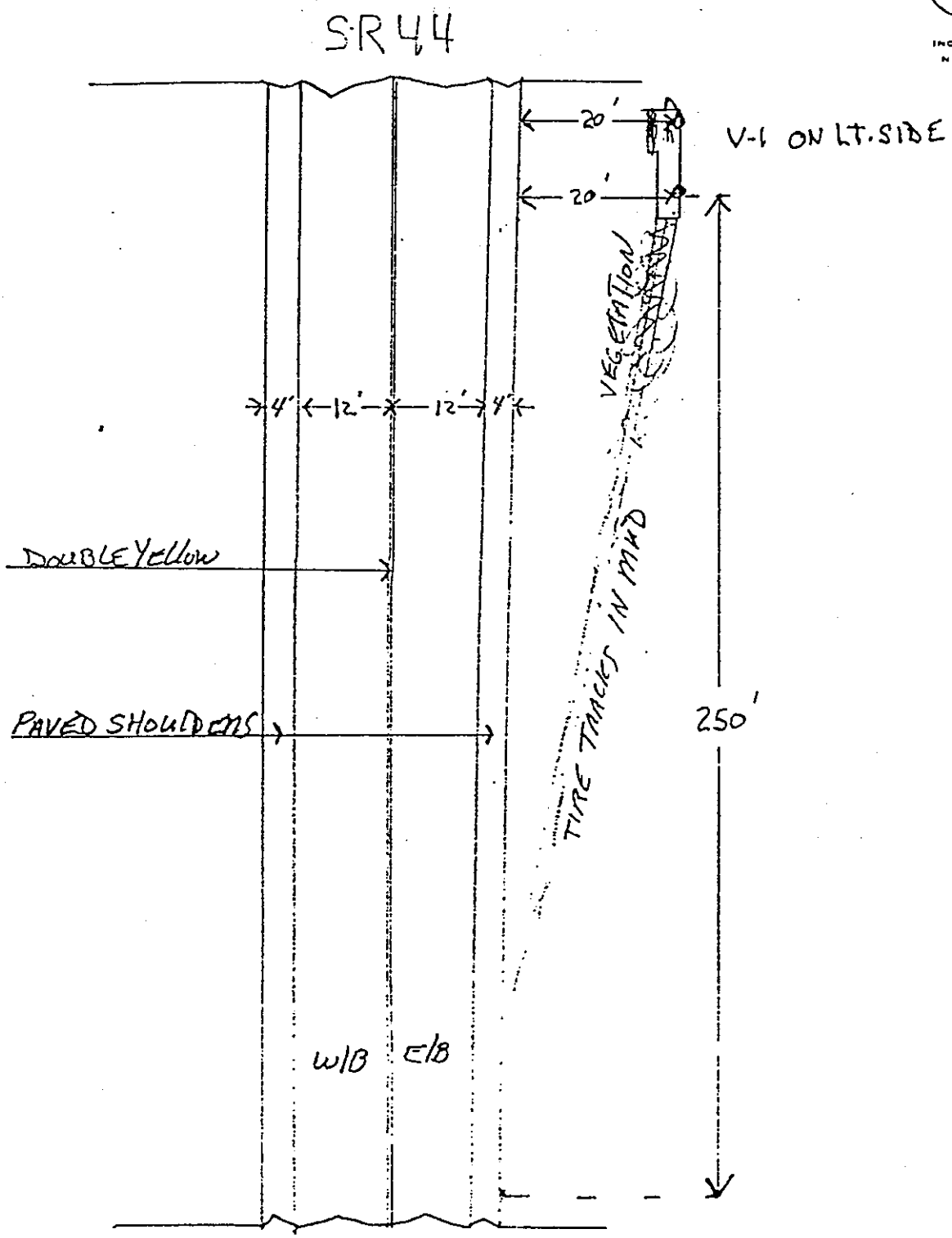
PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
B.F. LEWIS	5134	4-20-88		

97 43637

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO. 4 DAY 20 YR. 88	600	9135	34	4-76

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -

INDICATE NORTH



DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR
B.F. Lewis	5134	4-20-88		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
4-20-88	0600	9135	5134	4-76

"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER:

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER:

CITY/COUNTY/JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

FACTS:

NOTIFICATION:

REC'D. SOLO INJURY ACCIDENT AT APPROX 0610 HRS. RESPONDED FROM AREA OF HILLTOP DR. & SR 44. ARRIVED AT SCENE AT APPROX. 0645 HRS.

ALL SPEEDS AND MEASUREMENTS ARE APPROXIMATIONS. ALL DISTANCES PACED OR ODOMETERED.

SCENE DESCRIPTION:

SR 44 IS A E/W; TWO WAY; STATE HIGHWAY; ONE LANE EACH DIRECTION; DOUBLE YELLOW LINE; PAVED SHOULDERS; WET; LIGHT SNOW; LEVEL. NO TRAFFIC CONTROLS.

PARTIES:

D-1 ([redacted]) - TRAPPED INSIDE V-1, REMOVED BY RESCUE PERSONNEL PRIOR TO MY ARRIVAL. D-1 COMPLAINED OF LOWER BACK PAIN, NO FEELING FROM WAIST DOWN. IDENTIFIED BY A VALID CALIF LICENSE. HADN'T BEEN DRINKING; TRANSPORTED BY AMBULANCE TO HOSPITAL.

V-1 LOCATED FACING E/B ON IT; LT.-SIDE APPROX. 20' SOUTH OF SO.-EDGE OF E/B PAVED SHOULDER AND APPROX 1500' WEST OF STARLITE PINE ROAD. V-1 REC'D DAMAGE TO BOTH SIDES MAINLY IN AREA OF DOORS AND MAJOR DAMAGE TO CAB. LF TIRE FLAT, LF WHEEL BENT. NO DEFECTS REPORTED.

REPORTER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
B.F. LEWIS	5134	4-20-88		

NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
4-20-88	0600	9135	5134	4-76

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] NARRATIVE	[X] COLLISION REPORT	[ ] BA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER

CITY/COUNTY/JUDICAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER

LOCATION/SUBJECT	STATE HIGHWAY RELATED
	[ ] YES [ ] NO

PHYSICAL EVIDENCE:
CONSISTED OF TIRE TRACKS IN MUD AND THROUGH VEGETATION TO V-1; APPROX 250' LONG SOUTH-SIDE OF SR 44.

STATEMENTS:

DR-1 - <[redacted]> RELATED THAT HE WAS E/B ON SR44 AT ABOUT 45 M.P.H WHEN HE LOST CONTROL OF V-1 DUE TO THE WEATHER CONDITIONS.

WIT-1 <[redacted]> DIDN'T SEE ACCIDENT; FIRST PERSON ON SCENE; TELEPHONED EMERGENCY PERSONNEL.

WIT-2 <[redacted]> DIDN'T SEE ACCIDENT; SHINGLETOWN RESCUE MEMBER; ASSISTED IN REMOVAL OF D-1 FROM V-1.

OPINIONS AND CONCLUSIONS:

Summary:
V-1 E/B AT SR44 AT AN UNSAFE SPEED FOR CONDITIONS WHEN D-1 LOST CONTROL OF V-1 AND RAN OFF SOUTH-SIDE TURNING OVER.

POINT OF IMPACT:
DETERMINED FROM DISTURBED DIRT & ROCK AND BROKEN VEGETATION. APPROX. 20' SOUTH OF SO. EDGE OF E/B SHOULDER AND APPROX 1550' WEST OF STARLITE PINES ROAD.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
B.F. LEWIS	5134	4-20-88		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

DATE OF ORIGINAL INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO. 4 DAY 20 YR 88	0600	9135	5134	4-76

"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER:

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZ. MATERIALS [ ] SCHOOL BUS [ ] OTHER:

CITY/COUNTY/JUDICIAL DISTRICT | RPT. DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

CAUSE:

COLLISION CAUSED BY D-1'S UNSAFE SPEED FOR CONDITIONS RESULTING IN D-1'S FAILURE TO MAINTAIN V-1 ON RIGHT-HALF OF ROAD. CITATION #KU13823 ISSUED TO D-1 FOR V.C. SECTION 21650; COMPLAINT TO BE FILED.

RECOMMENDATIONS: NONE

REPORER'S NAME	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
B.F. LEWIS	5134	4-20-88		

19

GEOFFREY BECKER, ESQ.
BECKER & BECKER
601 Gateway Boulevard
Suite 900
South San Francisco, CA 94080
Telephone: 415-589-0605

Attorney for Plaintiff

ENDORSED
FILED

JUL 20 1989

RENE C. DAVIDSON, County Clerk
By CODIE A. HOWE, Deputy

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF ALAMEDA, EASTERN DIVISION

DEAN A. GOULD, KIM GOULD, DONALD and ANNELIESE G. EKBERG and DONALD R. EKBERG, as the personal representative of the Estate of KENNETH R. EKBERG,

Plaintiffs,

vs.

FORD MOTOR COMPANY, BENDIX RESTRAINTS, INC., BROADWAY MOTORS, aka BROADWAY FORD, HARRISON MARINE, THE FAB SHOP, HAYES AXLE, DYCO CORPORATION and DOES ONE through TWENTY-FIVE,

Defendants.

No. 654000-9

COMPLAINT FOR PERSONAL INJURIES AND WRONGFUL DEATH

(General Allegations)

1. The Plaintiffs are DEAN A. GOULD, KIM GOULD, DONALD R. EKBERG and his Wife, ANNELIESE G. EKBERG, and DONALD R. EKBERG in his capacity as the Personal Representative for the Estate of KENNETH R. EKBERG.

2. The Defendants are FORD MOTOR COMPANY, BENDIX RESTRAINTS, INC., BROADWAY MOTORS, aka BROADWAY FORD, HARRISON MARINE, THE FAB SHOP, HAYES AXLE and DYCO CORPORATION.

3. The accident occurred in the Judicial District of Pleasanton, County of Alameda, State of California, on July 29, 1988.

4. Venue is proper in this county because the accident occurred in the county and the products causing damages to the Plaintiffs were put into the stream of commerce in Alameda County.

5. Plaintiffs are ignorant of the true names and capacities of defendants sued herein as DOES ONE through TWENTY-FIVE, inclusive, and therefore sues these defendants by such fictitious names. Plaintiffs will amend this Complaint to allege their true names and capacities when ascertained. Plaintiffs are informed and believe and thereon allege that each of the fictitiously named Defendants is responsible in some manner for the occurrences herein alleged, and that Plaintiffs' damages as herein alleged were proximately caused thereby.

6. On July 29, 1988, DEAN A. GOULD, KIM GOULD and KENNETH R. EKBERG were passengers in a 1987 Bronco II automobile which was manufactured by FORD MOTOR COMPANY and sold by BROADWAY MOTORS aka BROADWAY FORD, hereinafter "BROADWAY". The seatbelts with which the subject vehicle was equipped were manufactured by BENDIX RESTRAINTS, INC. Said vehicle was towing a boat and

trailer sold by HARRISON MARINE. The trailer was manufactured by THE FAB SHOP. The braking system was supplied by DYCO CORPORATION and the axle was supplied by HAYES AXLE.

FIRST CAUSE OF ACTION

(Products Liability - Negligence As to All Defendants)

7. Plaintiffs reallege and incorporate by reference as though fully set forth herein, all of the allegations of paragraphs 1 through 6 of this complaint.

8. At all times herein relevant, Defendant FORD MOTOR COMPANY, negligently and carelessly manufactured, designed, distributed, advertised, marketed, inspected, assembled and sold the aforementioned vehicle thereby rendering said automobile unsafe and dangerous for use by DEAN and KIM GOULD and KENNETH R. EKBERG.

9. At all times herein relevant, Defendant, BROADWAY, negligently distributed, advertised, marketed, inspected, and sold the aforementioned vehicle thereby rendering said vehicle unsafe and dangerous for use by DEAN and KIM GOULD and KENNETH R. EKBERG.

10. At all times herein relevant, Defendant BENDIX RESTRAINTS, INC., negligently and carelessly manufactured, designed, distributed and sold the restraint systems with which

the aforementioned vehicle was equipped thereby rendering said restraints dangerous for use by DEAN A. GOULD and KENNETH R. EKBERG.

11. At all times herein relevant, Defendant, THE FAB SHOP, negligently fabricated the subject trailer, thereby rendering the same unsafe and dangerous for use by DEAN and KIM GOULD and KENNETH R. EKBERG.

12. At all times herein relevant, Defendant, HARRISON MARINE, negligently advertised, marketed, and sold the aforementioned trailer, thereby rendering the same unsafe and dangerous for use by DEAN and KIM GOULD and KENNETH R. EKBERG.

13. At all times herein relevant, Defendant, DYCO CORPORATION, negligently manufactured, designed, distributed, advertised, marketed, inspected, assembled and sold the braking system with which the subject trailer was equipped thereby rendering said trailer unsafe and dangerous for use by DEAN and KIM GOULD and KENNETH R. EKBERG.

14. As a direct and proximate result of the negligence of each of the defendants, Plaintiffs, DEAN and KIM GOULD suffered and will continue to suffer bodily injuries causing general and special damages in amounts currently not known. As a further direct and proximate result of the negligence of each of the defendants, DONALD R. EKBERG and ANNELIESE G. EKBERG have been damaged by reason of the death of their son, KENNETH R. EKBERG.

/ / /

/ / /

SECOND CAUSE OF ACTION

(Products Liability - Strict Liability
As to All Defendants)

15. Plaintiffs, and each of them, reallege and incorporate by this reference each paragraph set forth hereinabove.

16. Defendants, FORD MOTOR COMPANY and BROADWAY, knew that said vehicle was to be purchased and used without inspection for defects by DEAN and KIM GOULD and KENNETH R. EKBERG. Defendant, BENDIX RESTRAINTS, INC. knew that its restraint systems supplied to Ford Motor Company would be purchased and used without inspection for defects by DEAN and KIM GOULD and KENNETH R. EKBERG. Defendant, HARRISON MARINE, knew that the trailer it supplied for use by DEAN and KIM GOULD and KENNETH R. EKBERG was purchased and was going to be used without inspection for defects by DEAN and KIM GOULD and KENNETH R. EKBERG. Defendant, DYCO Corporation, knew that the braking system it supplied to THE FAB SHOP was to be purchased and used without inspection for defects by DEAN and KIM GOULD and KENNETH R. EKBERG. Defendant, THE FAB SHOP knew that the trailer it supplied to HARRISON MARINE was to be purchased and used without inspection for defects by DEAN and KIM GOULD and KENNETH R. EKBERG. Defendant, HAYES AXLE, knew that the axle it supplied was to be purchased and used without inspection for defects by DEAN and KIM GOULD and KENNETH R. EKBERG.

17. Each of the products referred to hereinabove were unsafe for their intended use by reason of defects in their manufacture and design.

a) Defendant, FORD MOTOR COMPANY, knew that the subject vehicle had a dangerously high center of gravity rendering the vehicle more susceptible to directional instability and thereby increasing its propensity to roll-over.

b) Ford Motor Company knew that the composition of the side windows was unsafe for their intended use because it knew that the most likely portals of ejection in the case of a roll-over accident are the side windows. At the time of the subject accident, Ford Motor Company knew that the side windows should have been composed of a laminated glazing material rather than non-laminated safety glass.

c) Defendant, BENDIX RESTRAINTS, INC. knew that the restraint systems were unsafe for their intended use because it knew that said restraints can open during a roll-over accident and knew that the design of the restraints was such so that an unsafe amount of slack could accumulate into the system.

d) Defendants, FORD MOTOR COMPANY, BROADWAY, and BENDIX RESTRAINTS, INC. failed to warn DEAN and KIM GOULD and KENNETH R. EKBERG about the aforesaid risks referred to hereinabove.

e) Defendant, HARRISON MARINE, THE FAB SHOP and DYCO CORPORATION failed to warn all users of the trailer, including DEAN and KIM GOULD and KENNETH R. EKBERG that periodically the brakes on the trailer had to be adjusted.

18. DEAN and KIM GOULD and KENNETH R. EKBERG were using all of these products in the manner for which they were foreseeably intended to be used, and as a proximate result of the defects referred to hereinabove said products injured DEAN and KIM GOULD and injured and caused KENNETH R. EKBERG's death.

19. As a proximate result of the defects referred to hereinabove and the resulting roll-over accident, DEAN and KIM GOULD suffered and will continue to suffer bodily injuries causing general and special damages in amounts currently not known and DONALD R. EKBERG and ANNELIESE G. EKBERG suffered and will continue to suffer general damages by reason of their son's death.

20. Defendants, FORD MOTOR COMPANY and BROADWAY knew that the aforesaid vehicle had the propensity to roll-over because of its dangerously high center of gravity and consciously disregarded the safety of DEAN and KIM GOULD and KENNETH R. EKBERG because FORD MOTOR COMPANY intentionally did not conduct any roll-over testing to determine the crashworthiness of the subject vehicle, intentionally failed to incorporate any design changes once it was put on notice that the subject vehicle had a dangerously high center of gravity and intentionally failed to

incorporate a seat belt design which would incorporate a buckle system that would comply with Federal Motor Vehicle Safety Standard, 209 S 4.1(b)

THIRD CAUSE OF ACTION

(Breach of Implied Warranty of Merchantability
As to All Defendants)

22. Plaintiffs reallege and incorporate by reference the allegations of paragraphs 1 through 21 of this complaint as though fully set forth herein.

23. Defendants and each of them, impliedly warranted that their products were of merchantable quality and safe for the uses for which they were intended.

24. The aforesaid products were not safe for their intended use, nor were they of the merchantable quality as warranted by defendants.

25. As a direct and proximate result of the conduct of defendants and each of them in their breaches of the implied warranty, Plaintiffs, DEAN and KIM GOULD, have suffered past general and special damages and will incur future general and special damages and DONALD R. EKBERG and ANNELIESE G. EKBERG suffered and will suffer general damage by reason of the death of their son.

FOURTH CAUSE OF ACTION

(Survival Action)
(As to All Defendants)

26. DONALD R. EKBERG, as the Personal Representative of the Estate of KENNETH R. EKBERG, realleges and incorporates by this reference each paragraph alleged hereinabove.

27. That by reason of the conduct of the Defendants and by reason of the products supplied by the Defendants, KENNETH R. EKBERG sustained personal injuries prior to his death including general and special damages. Said damages survive to the Estate of KENNETH R. EKBERG.

28. Plaintiff, DONALD R. EKBERG, alleges that by reason of the conduct set forth in Paragraph 21 of this complaint, the Estate of KENNETH R. EKBERG is entitled to punitive damages.

FIFTH CAUSE OF ACTION

(Loss of Consortium - Dean A. Gould)

29. Plaintiff realleges and incorporates by this reference paragraphs 1 through 6 of this complaint.

30. On July 29, 1988, Plaintiff DEAN A. GOULD was the Husband of KIM GOULD.

31. That by reason of the injuries sustained by KIM GOULD, she has been prevented from performing the obligations imposed upon her by reason of her marriage to DEAN A. GOULD. That as a direct and proximate result of the injuries sustained by KIM

GOULD, DEAN A. GOULD has been deprived of the love and affection he enjoyed before the accident and has been deprived of the comfort he received from his Wife prior to the accident. In addition, KIM GOULD was unable to perform work and services in and around the household, all of which was to the detriment of Plaintiff, DEAN A. GOULD.

SIXTH CAUSE OF ACTION

(Loss of Consortium - Kim Gould)

32. Plaintiff realleges and incorporates by this reference paragraphs 1 through 6 of this complaint.

33. On July 29, 1988, Plaintiff KIM GOULD was the Wife of DEAN A. GOULD.

34. That by reason of the injuries sustained by DEAN A. GOULD, he has been prevented from performing the obligations imposed upon him by reason of his marriage to KIM GOULD. That as a direct and proximate result of the injuries sustained by DEAN A. GOULD, KIM GOULD has been deprived of the love and affection she enjoyed before the accident and has been deprived of the comfort she received from her Husband prior to the accident. In addition, DEAN A. GOULD was unable to perform work and services in and around the household, all of which was to the detriment of Plaintiff, KIM GOULD.

SEVENTH CAUSE OF ACTION

(Kim Gould - Negligent Infliction of Emotional Distress As to All Defendants)

35. Plaintiff realleges and incorporates by this reference paragraphs 1 through 14 of this complaint as though set forth fully herein.

36. That by reason of the marital relationship between KIM GOULD and DEAN A. GOULD, KIM GOULD is a member of the class of people intended to be protected by the Court's ruling in the case of Dillon v. Legg, (1968) 68 Cal 2d 728, 69 CalRptr 72.

37. That by reason of the Defendants' conduct as herein alleged, Plaintiff, KIM GOULD, sustained severe emotional distress at witnessing the ejection of her husband, DEAN A. GOULD, from the subject automobile.

38. As a direct and proximate result of each of the Defendants' conduct, KIM GOULD has been generally damaged and will continue to be generally damaged all in amounts currently not known.

REQUEST FOR PREJUDGMENT INTEREST

Plaintiffs, and each of them, hereby notify the Defendants of their request for prejudgment interest pursuant to Civil Code Section 3291.

WHEREFORE, Plaintiffs pray for judgment as follows:

1. As to DEAN A. GOULD, general and special damages according to proof and punitive damages.

2. As to KIM GOULD, general and special damages according to proof and punitive damages.

3. As to DONALD R. and ANNELIESE G. EKBERG, general damages for the wrongful death of their son.

4. As to DONALD R. EKBERG as the Personal Representative for the Estate of KENNETH R. EKBERG, special damages according to proof and punitive damages.

5. As to all Plaintiffs, the cost of suit incurred herein and for prejudgment interest pursuant to Civil Code Section 3291.

6. For such other and further relief as the Court may deem proper.

DATED: July 26, 1989

GEOFFREY BECKER

SPECIAL CONDITIONS

NUMBER INJURED: 4 | HIT & RUN FELONY ☐ | CITY: LIVING | CHP DISTRICT: PLEASANTON | NUMBER: 7 424

NUMBER KILLED: 0 | HIT & RUN MISD. ☐ | COUNTY: ALAMEDA | REPORTING DISTRICT | BEAT: 506

LOCATION

COLLISION OCCURRED ON: I-580 (E/B) | MO. 7 | DAY 29 | YEAR 88 | TIME (HOUR): 1845 | NCIC #: 9-345 | OFFICER I.D.: 10775

MILEPOST INFORMATION: 2,180' PRIOR/NEXT W OF MILEPOST 580 ALA 4-50 | DAY OF WEEK: S M T W T (F) S | TOW AWAY ☒ YES ☐ NO | PHOTOGRAPHS BY: SGT. RICH. # 7516

☐ AT INTERSECTION WITH

☒ OR: 5,214' PRIOR/NEXT E OF NORTH FLYNN O/C | STATE HWY RSL ☒ YES ☐ NO | ☐ NONE

PARTY 1

DRIVER ☒ | DRIVER'S LICENSE NUMBER: [redacted] | STATE: CA | CLASS: 3 | SAFETY EQUIP.: G | VEH. YR.: 87 | MAKE / MODEL / COLOR: FORD / BRONCO II / WHT | LICENSE NUMBER: [redacted]

NAME (FIRST, MIDDLE, LAST): [redacted] | 87 | FAB SHOP / YAX / BROWN | 1AEB 702 CA

PEDESTRIAN ☐ | STREET ADDRESS: [redacted] | OWNER'S NAME | ☒ SAME AS DRIVER

PARKED VEHICLE ☐ | CITY / STATE / ZIP: ALAMEDA, CA, [redacted] | OWNER'S ADDRESS | ☒ SAME AS DRIVER

BICYCLIST ☐ | SEX: M | HAIR: BRN | EYES: GRN | HEIGHT: 5-9 | WEIGHT: 150 | BIRTHDATE MO. 5 DAY 25 YEAR 63 | RACE | DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER: NORMS TOW 455-4466 M9-580C

OTHER ☐ | [redacted] | BUSINESS PHONE: ( ) NONE | PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

INSURANCE CARRIER: NONE | POLICY NUMBER | CHP USE ONLY VEHICLE TYPE: 01 34 | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ TOTAL | SHADE IN DAMAGED AREA

DIR. OF TRAVEL: E/B | ON HIGHWAY: I-580 | SPEED LIMIT: 55 | PCF: 22406 V.C. | ICC ☐ PUC ☐ CHP ☐

PARTY 2

DRIVER ☐ | DRIVER'S LICENSE NUMBER | STATE | CLASS | SAFETY EQUIP. | VEH. YR. | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE

NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN ☐ | STREET ADDRESS | OWNER'S NAME | ☐ SAME AS DRIVER

PARKED VEHICLE ☐ | CITY / STATE / ZIP | OWNER'S ADDRESS | ☐ SAME AS DRIVER

BICYCLIST ☐ | SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE MO. DAY YEAR | RACE | DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

OTHER ☐ | HOME PHONE ( ) | BUSINESS PHONE ( ) | PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

INSURANCE CARRIER | POLICY NUMBER | CHP USE ONLY VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL | SHADE IN DAMAGED AREA

DIR. OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT | PCF | ICC ☐ PUC ☐ CHP ☐

PARTY 3

DRIVER ☐ | DRIVER'S LICENSE NUMBER | STATE | CLASS | SAFETY EQUIP. | VEH. YR. | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE

NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN ☐ | STREET ADDRESS | OWNER'S NAME | ☐ SAME AS DRIVER

PARKED VEHICLE ☐ | CITY / STATE / ZIP | OWNER'S ADDRESS | ☐ SAME AS DRIVER

BICYCLIST ☐ | SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE MO. DAY YEAR | RACE | DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

OTHER ☐ | HOME PHONE ( ) | BUSINESS PHONE ( ) | PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

INSURANCE CARRIER | POLICY NUMBER | CHP USE ONLY VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL | SHADE IN DAMAGED AREA

DIR. OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT | PCF | ICC ☐ PUC ☐ CHP ☐

PREPARER'S NAME: L McALLISTER | DISPATCH NOTIFIED ☒ YES ☐ NO ☐ N/A | REVIEWER'S NAME: H. Russell | DATE REVIEWED: 8/

MO. 7 DAY 29 YEAR 86 | 134 | 10773 | 107 | 7:29

PROPERTY DAMAGE — OWNER'S NAME / ADDRESS — DESCRIPTION OF DAMAGE — HOTRAN ☐ YES

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STA. WGN. REAR
8 - RR. DOC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

1 2 3
4 5 6
7

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
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
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
V - NO
W - YES
PASSENGER
X - NO
Y - YES

EJECTED FROM VEH

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR
LIST NUMBER (#) OF PARTY AT FAULT

- # 1 A VC SECTION VIOLATED: 22350 V.C. CITED ☐ YES ☐ NO
- # B OTHER IMPROPER DRIVING *
- C OTHER THAN DRIVER*
- D UNKNOWN*
- # E FELL ASLEEP*

WEATHER (MARK 1 TO 2 ITEMS)

- X A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY FT.
- F OTHER*:
- G WIND

LIGHTING

- X A DAYLIGHT
- B DUSK - DAWN
- C DARK - STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

- X A DRY
- B WET
- C SNOWY - ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)

- A HOLES, DEEP RUTS*
- B LOOSE MATERIAL ON ROWY.*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION - REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*:
- X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

- A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- X D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

- A HEAD-ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- X F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH

- X A NON-COLLISION
- B PEDESTRIAN
- C OTHER MOTOR VEHICLE
- D MOTOR VEH. ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTION

- X A NO PEDESTRIAN INVOLVED
- B CROSSING IN CROSSWALK AT INTERSECTION
- C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D CROSSING - NOT IN CROSSWALK
- E IN ROAD - INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACH / LEAVING SCHOOL BUS

TYPE OF VEHICLE

	1	2	3
A PASSENGER CAR / STA. WGN.			
B PASSENGER CAR W / TRAILER			
C MOTORCYCLE / SCOOTER			
D PICKUP OR PANEL TRUCK			
E PICKUP / PANEL TRK. W / TLR.			
F TRUCK OR TRUCK TRACTOR			
G TRK. / TRK. TRACTOR W / TLR.			
H SCHOOL BUS			
I OTHER BUS			
J EMERGENCY VEHICLE			
K HWY. CONST. EQUIPMENT			
L BICYCLE			
M OTHER VEHICLE			
N PEDESTRIAN			
O MOPED			

OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATION: 21711 V.C. CITED ☒ YES ☐ NO	X		
B VC SECTION VIOLATION CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION CITED ☐ YES ☐ NO			
D			
E VISION OBSCUREMENT :			
F INATTENTION*			
G STOP & GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD			
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT			
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED			
B PROCEEDING STRAIGHT			
C RAN OFF ROAD			
D MAKING RIGHT TURN			
E MAKING LEFT TURN			
F MAKING U TURN			
G BACKING			
X H SLOWING / STOPPING			
I PASSING OTHER VEHICL			
J CHANGING LANES			
K PARKING MANEUVER			
L ENTERING TRAFFIC			
M OTHER UNSAFE TURNIN			
N XING INTO OPPOSING L			
O PARKED			
P MERGING			
Q TRAVELING WRONG WA			
R OTHER:*			

SOBRIETY-DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

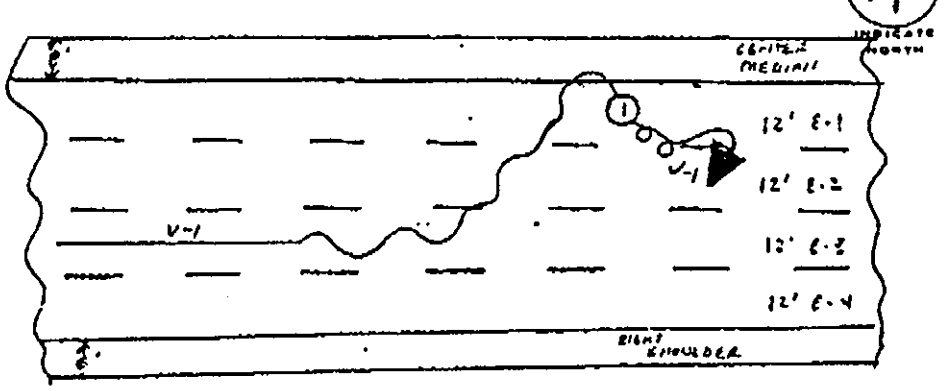
	1	2	3
X A HAD NOT BEEN DRINKIN			
B HBD - UNDER INFLUENC			
C HBD - NOT UNDER INFL			
D HBD - IMPAIRMENT UNK			
E UNDER DRUG INFLU.*			
F IMPAIRMENT - PHYSICAL			
G IMPAIRMENT NOT KNOW			
H NOT APPLICABLE			
I SLEEPY / FATIGUED			

SPECIAL INFORMATION

- A HAZARDOUS MATERIAL

SKETCH

I-580. (E/OF N. FLYNN)



MISCELLANEOUS

within 30 Days.
County
Dist. Atty.
Juvenile
Coroner
Other

DATE OF COLLISION	TIME (2400)	MCIC NUMBER	OFFICER I.D.	NUMBER
7-29-88	1345	10773	10773	7424

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐*	☐	25	M	☐	☐	☒	☐	☒	☐	☐	☐	☐	1	1	G	Θ

NAME / D.O.B. / ADDRESS: DRIVER-1 TELEPHONE

(INJURED ONLY) TRANSPORTED BY: REGIONAL AMBULANCE TAKEN TO: VALLEY MEMORIAL HOSPITAL

DESCRIBE INJURIES: SMALL CUTS TO RIGHT HAND AND LEFT ELBOW

TREATED BY DR TAM. ☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐*	☐	30	F	☐	☐	☒	☐	☐	☒	☐	☐	☐	1	4	G	Θ

[redacted] FRESNO, CA TELEPHONE [redacted]

(INJURED ONLY) TRANSPORTED BY: REGIONAL AMBULANCE TAKEN TO: [redacted]

DESCRIBE INJURIES: LACERATION TO R/ARM.

TREATED BY DR. TAM. ☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐*	☐	24	M	☐	☐	☒	☐	☐	☒	☐	☐	☐	1	6	B	Θ

[redacted] FRESNO CA TELEPHONE [redacted]

(INJURED ONLY) TRANSPORTED BY: CAL STAR (HELICOPTER) TAKEN TO: JOHN MUIR HOSPITAL

DESCRIBE INJURIES: UNKNOWN HEAD INJURIES.

TREATED BY DR. RHODES. ☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐*	☐	26	M	☐	☐	☒	☐	☐	☒	☐	☐	☐	1	3	H	2

[redacted] SAME AS D-1 TELEPHONE

(INJURED ONLY) TRANSPORTED BY: REGIONAL AMBULANCE TAKEN TO: EDEN HOSPITAL

DESCRIBE INJURIES: SKULL FRACTURE

TREATED BY DR. MARTIN. ☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒* 1	☐	28	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

[redacted] RANCHO CORDOVA, CA TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO: [redacted]

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒* 2	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

[redacted] SAN LEANDRO, CA [redacted]

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

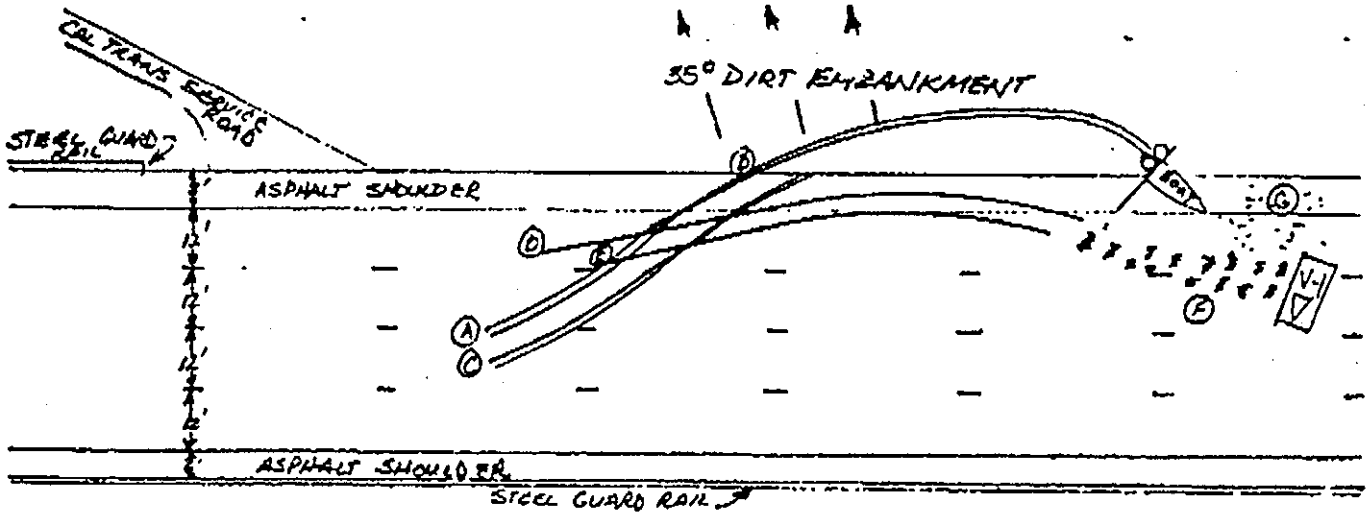
PREPARER'S NAME	I.D. NUMBER	MO.	DAY	YEAR	REVIEWER'S NAME	MO.	DAY
L MCALLISTER	10773	7	29	88			

MO. 7 DAY 29 YR. 88	15	9-345	10	7.427

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -

INDICATES NORTH

E/B I 580 E/N. FLYNN RD. O/C



LEGEND

V-1 P.O.R.	N. FLYNN RD O/C	I580 E-1 LN N/W EDGE
FORD BRONCO		
R/R TIRE	5,355' E/OF	12' S/OF
R/F TIRE	5,353' E/OF	20' S/OF
BOAT		
BOW	5,321' E/OF	AT
STARBOARD STERN	5,313' E/OF	6' N/OF
TRAILER		
TONGUE	5,300' E/OF	1' N/OF
#2 AXLE	5,302' E/OF	11' N/OF

PHYSICAL EVIDENCE:

	N. FLYNN O/C	I580 E-1 LN N/W EDGE	
(A) (TIRES L/TREES)	5,038' E/OF	24' S/OF	(144' LENGTH)
(B) DIRT TIRE MARKS BEGINING	5180' E/OF	8' N/OF	(120' LENGTH
ENDING	5300' E/OF	13' N/OF	
(C) (TIRES R/TREES) BEGINING	5038' E/OF	30' S/OF	(174' LENGTH)
ENDING	5212' E/OF	8' N/OF	
(D) (TIRES L/S TREE) BEGINING	5,101' E/OF	7' S/OF	(111' LENGTH)
ENDING	5,212' E/OF	3' S/OF	
(E) (TIRES R/S TREE) BEGINING	5,122 E/OF	12' S/OF	(85' LENGTH)
ENDING	5,143' E/OF	9' S/OF	
(F) SCRAPE MARKS BEGINING	5,214' E/OF	4' S/OF	(95' LENGTH) & (15' WIDTH)
ENDING	5,309' E/OF	11' S/OF	
(G) VEH. DEBRIS BEGINING	6,320' E/OF	ENCOMPASSING #1 LN & N/SHOULDER	(40' LENGTH) & (20' WIDTH)
ENDING	5,360' E/OF		

DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
J. THOMAS T.O.	8853	7 29 88		

NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (24HR)	NCIC NUMBER	OFFICER I.D.	NUMBER
7-29-88	1345	9-345	10773	7-424

"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] 5A UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY/COUNTY/JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

1. FACTS:
2. I RECEIVED NOTIFICATION OF THIS T/C AT APPROX. 1400 HRS. AT MY
3. AREA OFFICE IN HAYWARD CA.. I RESPONDED FROM MY OFFICE AT
4. APPROX. 1406 HRS.. DUE TO HEAVY TRAFFIC I ARRIVED AT THE SCENE
5. AT APPROX. 1305 HRS..
6.
7. ALL SPEEDS, MEASUREMENTS, AND TIMES ARE APPROXIMATIONS.
8.
9. SCENE:
10. INTERSTATE-580 AT THE POINT OF THIS T/C IS AN EIGHT
11. LANE EAST AND WEST HIGHWAY WITH FOUR LANES IN EACH
12. DIRECTION. THE E/B LANES ARE SEPARATED FROM THE W/B LANES
13. BY A WIDE DIRT AREA WITH A STEEP UPHILL GRADE JUST N/OF
14. THE E-1 LANE. THE E-1 LN. IS BORDERED BY A PAVED CENTER
15. MEDIAN APPROX. 8 FT WIDE. THE E-4 LN. IS BORDERED BY A
16. PAVED R/SHOULDER APPROX. 6 FT WIDE. THE ROWY LANES ARE
17. SEPARATED BY PAINTED WHITE LINES AND BOTT DOTS. THE E/B
18. LANES HAVE A STEEP DOWN HILL GRADE WHICH BEGINS JUST E/OF
19. NORTH FLYNN AND LEVELS OUT IN THE VICINITY WHERE
20. THIS T/C OCCURRED.
21.
22.
23.
24. VEHICLES:
25. V-1 WAS FOUND ON ALL FOUR WHEELS IN THE E-2 LANE
26. ON I-580. THE REAR OF V-1 WAS RESTING PARTIALLY IN
27. THE E-1 LANE. V-1 WAS FACING IN SOUTH/WEST DIRECTION.
28. V-1 SUSTAINED MAJOR DAMAGE TO THE ENTIRE RIGHT SIDE,
29. R/SIDE HOOD, AND TOP. THE DAMAGE TO THE R/SIDE STARTED
30. AT THE BEGINING OF THE R/FRONT QUARTER-PANEL AND
31. EXTENDED TO THE R/REAR QUARTER-PANEL. THE R/SIDE
32. PASSENGER DOOR WAS SMASHED IN SEVERAL INCHES AND WOULD

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NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER ID	NUMBER	PAGE 6
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'X' ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

'X' ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ('X' APPLICABLE): [ ] 5A UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

COUNTY/JUDICIAL DISTRICT

REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT

STATE HIGHWAY RELATED [ ] YES [ ] NO

1. FACTS: CONT (VEHICLES)
2. NOT OPEN. THE R/SIDE HOOD WAS CRUSHED DOWN APPROX.
3. 3 INCHES WHICH CAUSED MODERATE DAMAGE TO THE R/FRONT
4. GRILL. THE R/SIDE TOP WAS ALSO CRUSHED DOWN APPROX.
5. 4 INCHES AND SHOWED INDENTATION MARKS WHERE IT MADE
6. CONTACT WITH THE RDWY. THE LEFT SIDE RECEIVED MINOR
7. DAMAGE (SCRAPE MARKS) AND THE DRIVERS SIDE DOOR WOULD
8. ONLY PARTIALLY OPEN. BOTH R/PASSENGER WINDOWS WERE BROKEN
9. OUT, HOWEVER, ONLY SMALL BITS OF BROKEN GLASS WERE FOUND
10. THE INTERIOR OF THE VEHICLE. THE FRONT WINDSHIELD
11. WAS ALSO SHATTERED BUT STILL INTACT. THE FRONT AND
12. REAR SEATS APPEARED TO BE IN THEIR NORMAL POSTIONS.
13. I INSPECTED V-1'S SEAT BELTS AND NONE OF THEM SHOWED SIGNS THAT
14. ABNORMAL STRESS HAD BEEN PLACED ON THEIR PARTS. AN UNBROKEN SAFETY CHAIN
15. (APPROX 2'FT LONG) WAS FOUND ATTACHED TO THE REAR BUMPER. V-1
16. WAS UNOCCUPIED UPON MY ARRIVAL. D-1 WAS TRANSPORTED TO
17. VALLEY MEMORIAL HOSPITAL WITH INJURIES. AFTER LEAVING THE
18. T/C SCENE I CONTACTED D-1 AT V.M.H. AND HE WAS IDENTIFIED BY A
19. CA. DRIVERS LICENSE.
20. V-1'S TRAILER WAS FOUND ON IT RIGHT SIDE RESTING
21. UPRIGHT ON ITS RIGHT SIDE TIRES ON THE PAVED CENTER
22. MEDIAN OF E/B I-580.. THE TRAILER WAS FACING IN A
23. SOUTH/WEST DIRECTION. THE TRAILER RECEIVED MINOR
24. DAMAGE TO THE R/SIDE WHEEL COVER. THE TIRES ON THE
25. TRAILER APPEARED NEW AND IN GOOD CONDITION. THE
26. TRAILER WAS EQUIPPED WITH SURGE BRAKES. THE TRAILER'S
27. BRAKE AWAY CABLE APPEARED TO HAVE BEEN ACTIVATED.
28.
29. BOAT:
30. THE BOAT V-1 WAS PULLING WAS FOUND RESTING ON ITS
31. L/SIDE ON THE PAVED CENTER MEDIAN OF E/B I-580.. THE
32. BOAT WAS FACING IN AN EASTERLY DIRECTION. THE BOAT RECEIVED

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DATE OF COLLISION	TIME (2400)	HUG NUMBER	OFFICER I.D.	NUMBER	PAGE
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"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] NARRATIVE	[X] COLLISION REPORT	[ ] BA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT / BEAT	CITATION NUMBER
LOCATION / SUBJECT		STATE HIGHWAY RELATED [ ] YES [ ] NO

1. FACTS: CONT
2. MINOR DAMAGE TO THE ENTIRE L/SIDE (SCRAPEMARKS).
3. THE BOAT'S IDENTIFICATION NUMBER IS CF-9575K, THE
4. BOAT'S MAKE: 87 SEA RAY APPROX. 18' FT LONG.
5.
6.
7.
8. ADDITIONAL INFORMATION:
9. ALL OF V-1'S TIRES APPEARED TO BE GOOD
10. CONDITION AND NEARLY NEW IN APPEARANCE.
11.
12.
13.
14. ADDITIONAL INFORMATION:
15. TRACY C.H.P. WAS REQUESTED TO THE
16. T/C SCENE TO STAND BY UNTIL HAYWARD C.H.P. ARRIVED.
17. TWO TRACY UNITS ARRIVED AT THE SCENE AT APPROX.
18. 1420 HRS.. TWO TRACY OFFICERS WERE FOUND AT THE SCENE
19. AT MY ARRIVAL. ALL EMERGENCY PERSONNEL WERE GONE.
20. A CAL TRANS SIGN TRUCK WAS BEING UTILIZED TO BLOCK THE
21. E-1 AND E-2 LANES.
22.
23. OTHER INFORMATION:
24. DUE TO PASSENGER'S [redacted] INJURIES
25. HE WAS FLOWN TO JOHN MUIR HOSPITAL VIA A CAL STAR
26. HELICOPTER.
27.
28. PHOTOGRAPHS:
29. APPROX. 24 PICTURES WERE TAKEN BY S.G.T RICH # 7316
30. THE PHOTOGRAPHS WERE TURNED INTO THE HAYWARD
31. C.H.P. OFFICE.
32.

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Use previous editions until exhausted

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NARRATIVE/SUPPLEMENTAL

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"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] 5A UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY / COUNTY / JUDICIAL DISTRICT

LOCATION / SUBJECT

REPORTING DISTRICT / BEAT

CITATION NUMBER

STATE HIGHWAY RELATED [ ] YES [ ] NO

1. FACTS: CONT
2.
3. PHYSICAL EVIDENCE:
4. SKIDMARKS: TWO PAIRS OF DUAL SKIDMARKS WERE FOUND AT THE
5. SCENE.
6. THE FIRST PAIR: TWO LOCKED WHEEL SKIDMARKS INDICATED
7. AS (A) AND (C) ON THE FACTUAL DIAGRAM. THEY BEGAN IN
8. THE E-3 LN. AND TERMINATED ON THE PAVED CENTER MEDIAN
9.
10. THE SECOND PAIR: TWO SIDE SKIDS INDICATED AS
11. (D) AND (E) ON THE FACTUAL DIAGRAM. THEY BEGAN IN THE
12. E-1 LN WITH SKIDMARK (D) VEERING ONTO THE PAVED CENTER
13. MEDIAN. BOTH TERMINATED BACK IN THE E-1 LN.
14.
15. DIRT TIRE TRACKS: TWO DIRT TIRE TRACKS WHERE FOUND
16. ON THE DIRT EMBANKMENT N/OF THE E-1 LN. INDICATED
17. BY (B) ON FACTUAL DIAGRAM.
18.
19. GOUGEMARKS: SEVERAL GOUGEMARKS WERE FOUND IN THE
20. E-1 AND E-2 LANES. INDICATED BY (F) ON THE FACTUAL
21. DIAGRAM.
22.
23. DEBRIS:
24. DEBRIS WAS SCATTERED IN THE E-1 AND E-2 LANES
25. AND ON THE CENTER MEDIAN, THE DEBRIS COVERED AN
26. APPROX. AREA OF 150' FT.
27.
28. BLOODMARKS:
29. SEVERAL SPOTS OF BLOOD WERE FOUND ON THE
TOP OF V-1.
31.
32.

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Use previous editions until exhausted

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NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
7-29-88	1345	9-345	10775	7-424

*X ONE	*X ONE	TYPE SUPPLEMENTAL (X APPLICABLE)		
[X] NARRATIVE	[X] COLLISION REPORT	[ ] 5A UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER

CITY / COUNTY / JUDICIAL DISTRICT

REPORTING DISTRICT / BEAT

CITATION NUMBER

LOCATION / SUBJECT

STATE HIGHWAY RELATED [ ] YES [ ] NO

1. STATEMENTS:
2. D-1 ([redacted]) STATED IN SUMMARY THAT HE WAS
3. IN THE E-3 LN. ON I-580. JUST E/OF NORTH FLYNN O/C.
4. HE WAS TRAVELING AT APPROX. 60 M.P.H., AS HE BEGAN TO
5. GO DOWN THE GRADE HIS SPEED PROBABLY GOT UP TO 70 M.P.H.
6. AS HE REACHED THE BOTTOM OF THE GRADE, HE REALIZED HE WAS
7. GOING TOO FAST. HE APPLIED HIS BRAKES AND HIS BOAT AND
8. TRAILER BEGAN TO SWERVE FROM SIDE TO SIDE OUT OF CONTROL.
9. THE MORE HE APPLIED THE BRAKES, THE MORE THE BOAT AND
10. TRAILER WENT OUT OF CONTROL. AS A RESULT, HE LOST CONTROL
11. OF V-1. V-1 WENT TOWARDS THE E-1 LN. AND HE TURNED TO AVOID
12. GOING ONTO THE CENTER MEDIAN. V-1 OVERTURNED SEVERAL
13. TIMES. HIS BOAT AND TRAILER WENT ONTO THE CENTER MEDIAN
14. AND OVERTURNED. AS V-1 WAS OVERTURNING, PASSENGER
15. [redacted] WAS EJECTED OUT OF ONE OF THE PASSENGER WINDOWS.
16. (Q): WHERE DID PASSENGER [redacted] LAND?
17. (A): IN BETWEEN THE E-1 AND E-2 LANES E/OF V-1.
18. (Q): DID YOU HAVE YOUR SAFETY CHAIN ATTACHED TO YOUR TRAILER?
19. (A): YES.
20. (Q): WERE YOUR TRAILER AND BOAT SWERVING AROUND BEFORE YOU
21. APPLIED THE BRAKES?
22. (A): NO, ONLY WHEN I ATTEMPTED TO SLOW DOWN.
23. (Q): DO YOU HAVE PROOF OF AUTO INSURANCE?
24. (A): NO, I'M NOT INSURED ANYMORE.
25.
26.
27.
28.
29.
30. WITNESS ([redacted]) RELATED IN SUMMARY THAT HE WAS IN
31. THE E-4 LN. ON I-580 E/OF NORTH FLYNN AT APPROX. 45 M.P.H.
32. AS HE APPROACHED THE BOTTOM OF THE GRADE, V-1 PASSED

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
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NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE 10
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"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] NARRATIVE	[X] COLLISION REPORT	[ ] DA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER

COUNTY/JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

STATEMENTS: CONT (WITNESS HENNING)

HIM IN THE E-3 LN. V-1 WAS GOING ABOUT 60 M.P.H. THE TRAILER AND BOAT V-1 WAS PULLING WAS SWERVING FROM SIDE TO SIDE OUT OF CONTROL. D-1 APPEARED TO BE TRYING TO CONTROL V-1 WITHOUT MUCH LUCK. V-1 VEERED SHARPLY TOWARDS THE E-1 LN. AND THE BOAT AND TRAILER DISCONNECTED FROM V-1. V-1 OVERTURNED ATLEAST TWICE. AS V-1 OVERTURNED, A GUY WAS EJECTED. THE BOAT AND TRAILER OVERTURNED IN THE CENTER MEDIAN.

Q: DID YOU SEE V-1'S BRAKE LIGHTS COME ON?

A: I REALLY CAN'T TELL YOU IF D-1 WAS BRAKING OR NOT.

WITNESS #2 ([redacted]): I ATTEMPTED TO CONTACT [redacted] ON 7-29-88 AT APPROX. [illegible] HRS. [redacted] MOTHER SAID [redacted] WOULD NOT BE HOME UNTIL THE MIDDLE OF NEXT WEEK.

OPINIONS AND CONCLUSIONS:

SUMMARY:

D-1 ([redacted]) WAS IN THE E-3 LANE ON I-580 JUST E/OF NORTH FLYNN. D-1 WAS TRAVELING AT APPROX. 60 M.P.H. D-1 WAS DRIVING DOWN A STEEP DOWN HILL GRADE. D-1'S VEHICLE WAS PULLING A BOAT (APPROX. 18 FT LONG) AND TRAILER. AT THIS POINT, BASED ON D-1'S STATEMENT, D-1 REALIZED HE WAS GOING TOO FAST (APPROX. 70 M.P.H.) AS HE REACHED THE BOTTOM OF THE GRADE. AS D-1 APPLIED V-1'S BRAKES THE BOAT AND TRAILER BEGAN TO SWERVE FROM SIDE TO SIDE OUT OF CONTROL. AS D-1 ATTEMPTED TO REDUCE HIS SPEED AND REGAIN CONTROL OF HIS BOAT AND TRAILER, HE LOST CONTROL OF V-1. V-1 VEERED SHARPLY TOWARD THE E-1 LN. CAUSING THE TRAILER TO DISCONNECT FROM V-1 (POSSIBLY BECAUSE THE SAFETY CHAIN WAS INADEQUATELY CONNECTED OR NOT CONNECTED AT ALL). WHEN THE TRAILER DISCONNECTED

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
L. MCALLISTER	10773	7-29-88		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
7-29-88	1595	9-595	10773	M-464

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] NARRATIVE	[X] COLLISION REPORT	[ ] 5A UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER

CITY / COUNTY / JUDICIAL DISTRICT

REPORTING DISTRICT / BEAT

CITATION NUMBER

LOCATION / SUBJECT

STATE HIGHWAY RELATED [ ] YES [ ] NO

1. SUMMARY: CONT.
2. ITS BRAKES WERE ACTIVATED AND THE TRAILER
3. AND BOAT BEGAN TO SKID IN A NORTH DIRECTION TOWARDS
4. THE CENTER MEDIAN. IN AN ATTEMPT TO KEEP FROM
5. RUNNING OFF THE RDWY, D-1 TURNED SHARPLY TO THE RIGHT AS
6. V-1 ENTERED THE E-1 LN. V-1 DROVE PARTIALLY ONTO THE
7. PAVED CENTER MEDIAN AND OVERTURNED AS IT RE-ENTERED
8. THE E-1 LN. THE TRAILER AND BOAT CONTINUED SKIDDING
9. OFF THE RDWY AND ONTO THE DIRT EMBANKMENT JUST
10. N/OF THE E-1 LN. AS V-1 CONTINUED TO OVERTURN (AT LEAST
11. TWICE) PASSENGER ([redacted] SEATED IN THE R/FRONT
12. OF V-1 WAS EJECTED FROM ONE OF THE REAR PASSENGER
13. WINDOWS. V-1 FINALLY CAME TO REST ON ALL FOUR WHEELS
14. IN THE E-2 AND E-1 LANES FACING IN A SOUTH/WEST DIRECTION
15. PASSENGER [redacted] CAME TO REST IN AN UNKNOWN
16. POSITION BETWEEN THE E-1 AND E-2 LANES JUST E/OF V-1.
17. THE TRAILER AND BOAT OVERTURNED WHEN STRIKING THE PAVED
18. CENTER MEDIAN AFTER TRAVELING W/B ON THE DIRT EMBANKMENT. AFTER
19. OVER-TURNING THE TRAILER LANDED ON ITS L/SIDE ON THE
20. PAVED CENTER MEDIAN FACING IN A SOUTH/WEST DIRECTION.
21. THE BOAT LANDED ON ITS L/SIDE ON THE PAVED CENTER MEDIAN
22. FACING IN AN EASTWARDLY DIRECTION.
23.
24. POINTS OF IMPACTS:
25. THE POINTS OF IMPACTS WERE DETERMINED BY PHYSICAL
26. EVIDENCE ONLY AS:
27. THE N/RDWY EDGE OF THE N/FLYNN O/C
28. E-1 LN. ON I-580.
29.
30. P.O.I-1: 4' S/OF 5214' E/OF
31.
32.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
L MCALLISTER	10773	7-29-88		

NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (24HR)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE 12
7-29-88	1345	9-345	10773	7-474	

"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] DA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY/COUNTY/JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

1. SUMMARY: CONT

2.

3. CAUSE:

4. D-1 ([redacted] CAUSED THIS T/C EXCEEDING 55 M.P.H. WHILE
5. PULLING ANOTHER VEHICLE ON A HIGHWAY; IN VIOLATION OF
6. 22406 V.C.: BASED ON D-1'S STATEMENT ONLY. NO PROSECUTION
7. SOUGHT. HOWEVER, D-1 IS ALSO IN VIOLATION OF 24004 V.C.
8. FOR USING A SAFETY CHAIN OR ATTACHMENT OF
9. INSUFFICIENT STRENGTH IN THE EVENT OF FAILURE OF THE
10. REGULAR HITCH; IN THIS CASE THE REGULAR HITCH FAILED
11. AND THE TRAILER DISCONNECTED FROM V-1: BASED ON
12. PHYSICAL EVIDENCE. D-1 IS ALSO IN VIOLATION OF 16028(A) V.C.
13. FOR NOT HAVING PROOF OF AUTO INSURANCE: BASED ON
14. D-1'S STATEMENT. D-1 TO BE CITED FOR 24004 V.C. AND 16028(A) V.C.
15. COMPLAINT TO BE FILED. CITATION # LH-37343
16.
17. D-1 ([redacted] IS ALSO IN VIOLATION OF 21711 V.C.
18. (OTHER ASSOCIATED FACTOR) FOR DRIVING IN A MANNER
19. WHICH ALLOWED HIS TOWED VEH. (BOAT & TRAILER) TO WHIP
20. OR SWERVE FROM SIDE TO SIDE WHICH CAUSED HIM TO LOSE
21. CONTROL OF V-1 AND THE BOAT AND TRAILER TO BREAK
22. AWAY: BASED ON STATEMENTS.
23.
24. PASSENGER ([redacted] IS IN VIOLATION OF 27315(D) V.C.
25. (NO SEAT BELT) FOR NOT WEARING A SEAT BELT: BASED ON
26. THE FACT THAT BOTH OF THE SEAT BELTS IN THE REAR OF
27. V-1 APPEARED TO BE IN WORKING ORDER AND NEITHER SHOWED
28. SIGNS THAT ABNORMAL STRESS HAD BEEN PLACED ON THEIR
29. PARTS. INADDITION, THE FACT THAT [redacted] WAS EJECTED
30. INDICATES HE WAS NOT WEARING A SEAT BELT.
31.
32. RECOMMENDATIONS: NONE.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
C. MCALLISTER	10773	7-29-88		

CHP 556 (Rev. 7-87) OPI 042

AUG 10 1988.

87 #53

20

GEOFFREY BECKER, ESQ.
BECKER & BECKER
601 Gateway Boulevard
Suite 900
South San Francisco, CA 94080
Telephone: 415-589-0605

Attorney for Plaintiffs
COMPLAIN.PLD

ENDORSED

OCT 28 [illegible]

FILED
WARREN SLOUGH COUNTY CLERK
UILA LATU

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE CITY AND COUNTY OF SAN MATEO

CARL J. HOCH, NORMA HOCH, and CARL J. HOCH, as the Special Administrator of the Estate of SHARON J. HOCH,

Plaintiffs,

vs.

FORD MOTOR COMPANY, BURLINGAME FORD, ALLIED-SIGNAL, INC./BENDIX SAFETY RESTRAINTS DIVISION, MONTGOMERY WARD, BAY AREA SUNROOF and DOES ONE through TWENTY-FIVE,

Defendants.

No. 355962

COMPLAINT FOR WRONGFUL DEATH AND ESTATE'S SURVIVAL ACTION

(General Allegations)

1. The Plaintiffs are CARL J. HOCH and his Wife, NORMA HOCH, and CARL J. HOCH in his capacity as the Special Administrator for the Estate of SHARON J. HOCH. Plaintiffs are the parents of SHARON J. HOCH, Deceased.

2. The Defendants are FORD MOTOR COMPANY, BURLINGAME FORD, ALLIED-SIGNAL, INC./BENDIX SAFETY RESTRAINTS DIVISION, MONTGOMERY WARD, BAY AREA SUNROOF and DOES ONE through TWENTY-FIVE.

3. The accident occurred in the County of San Mateo, State of California, on October 31, 1989.

4. Venue is proper in this county because the accident occurred in the county and the products causing damages to the Plaintiffs were put into the stream of commerce in San Mateo County.

5. Plaintiffs are ignorant of the true names and capacities of defendants sued herein as DOES ONE through TWENTY-FIVE, inclusive, and therefore sues these defendants by such fictitious names. Plaintiffs will amend this Complaint to allege their true names and capacities when ascertained. Plaintiffs are informed and believe and thereon allege that each of the fictitiously named Defendants is responsible in some manner for the occurrences herein alleged, and that Plaintiffs' damages as herein alleged were proximately caused thereby.

6. On October 31, 1989, SHARON J. HOCH was the driver/lessee of a 1987 Bronco II automobile which was manufactured by FORD MOTOR COMPANY and sold by BURLINGAME FORD. The driver's side seatbelt with which the subject vehicle was equipped was manufactured by ALLIED-SIGNAL, INC./BENDIX SAFETY

RESTRAINTS DIVISION. The tires were sold to SHARON J. HOCH by MONTGOMERY WARD. The sunroof was sold and installed by BAY AREA SUNROOF. An accident occurred which resulted in her death.

FIRST CAUSE OF ACTION

(Products Liability - Negligence)

7. Plaintiffs reallege and incorporate by this reference paragraphs 1 through 6 of this Complaint.

8. At all times herein relevant, Defendant FORD MOTOR COMPANY, negligently and carelessly manufactured, designed, distributed, advertised, marketed, inspected, assembled and sold the aforementioned vehicle thereby rendering said automobile unsafe and dangerous for use by SHARON J. HOCH.

9. At all times herein relevant, Defendant, BURLINGAME FORD, negligently distributed, advertised, marketed, inspected, and sold the aforementioned vehicle thereby rendering said vehicle unsafe and dangerous for use by SHARON J. HOCH.

10. At all times herein relevant, Defendants, ALLIED-SIGNAL, INC./BENDIX SAFETY RESTRAINTS DIVISION, negligently and carelessly manufactured, designed, distributed and sold the driver's side restraint system with which the aforementioned vehicle was equipped thereby rendering said restraint dangerous for use by SHARON J. HOCH.

11. At all times herein relevant, Defendant, MONTGOMERY WARD, negligently and carelessly distributed and sold the tires with which the aforementioned vehicle was equipped thereby rendering said tires and the Bronco II dangerous for use by SHARON J. HOCH.

12. At all times herein relevant, Defendant, BAY AREA SUNROOF, negligently and carelessly sold and installed the sunroof with which the aforementioned vehicle was equipped thereby rendering said sunroof and the Bronco II dangerous for use by SHARON J. HOCH.

13. As a direct and proximate result of the negligence of FORD, BURLINGAME FORD, ALLIED-SIGNAL/BENDIX SAFETY RESTRAINTS DIVISION, MONTGOMERY WARD, BAY AREA SUNROOF and DOES 1 through 25, SHARON J. HOCH died on October 31, 1989. As a further direct and proximate result of the aforesaid negligence, Plaintiffs' sustained general and special damages and will incur general damages in the future.

SECOND CAUSE OF ACTION

(Products Liability - Strict Liability)

14. Plaintiffs, and each of them, reallege and incorporate by this reference paragraphs 1 through 6 of this Complaint.

15. Defendants, FORD MOTOR COMPANY and BURLINGAME FORD, knew that said vehicle was to be purchased and used without inspection for defects by SHARON J. HOCH.

16. Defendants, ALLIED-SIGNAL, INC./BENDIX SAFETY RESTRAINTS DIVISION, knew that the subject driver's side restraint system with which the subject vehicle was equipped would be purchased and used without inspection for defects by SHARON J. HOCH.

17. Defendant, BAY AREA SUNROOF, knew that said sunroof would be purchased and used without inspection for defects by SHARON J. HOCH.

18. Defendant, MONTGOMERY WARD, knew that the tires it sold to SHARON J. HOCH would be purchased and used without inspection for defects by SHARON J. HOCH. Said Defendant failed to warn SHARON J. HOCH that the design of the tires it sold to her increased the risk of vehicle instability and rollover.

19. Each of the products referred to hereinabove were unsafe for their intended use by reason of defects in their manufacture or design.

20. SHARON J. HOCH was using the aforesaid products in the manner for which they were foreseeably intended to be used.

21. As a proximate result of the aforesaid defects, CARL J. HOCH and NORMA HOCH suffered general and special damages and will continue to suffer general damages by reason of their daughter's death.

22. Defendants, FORD MOTOR COMPANY and BURLINGAME FORD, knew that the aforesaid vehicle had the propensity to rollover because of its dangerously high center of gravity and consciously disregarded the safety of SHARON J. HOCH because

FORD MOTOR COMPANY intentionally did not conduct any rollover testing to determine the crashworthiness of the subject vehicle, intentionally failed to incorporate any design changes once it was put on notice that the subject vehicle had a dangerously high center of gravity and intentionally failed to incorporate a seat belt design which would utilize a buckle system in compliance with Federal Motor Vehicle Safety Standard, 209 S 4.1(b), thereby entitling the Estate of SHARON J. HOCH to punitive damages.

THIRD CAUSE OF ACTION

(Breach of Implied Warranty of Merchantability)

23. Plaintiffs, and each of them, reallege and incorporate by this reference the allegations of paragraphs 1 through 6 of this Complaint.

24. Defendants, FORD and BURLINGAME FORD, impliedly warranted to Plaintiffs that the 1987 Bronco II was of merchantable quality and safe for the uses for which it was intended.

a) Defendants, ALLIED-SIGNAL, INC./BENDIX SAFETY RESTRAINTS DIVISION, impliedly warranted to SHARON J. HOCH that the restraint she was wearing immediately prior to the subject accident was of merchantable quality and safe for the uses for which it was intended.

b) Defendants, MONTGOMERY WARD, impliedly warranted to SHARON J. HOCH that the tires she purchased for her 1987 Bronco II were of merchantable quality and safe for the uses for which they were intended.

c) Defendants, BAY AREA SUNROOF, impliedly warranted to SHARON J. HOCH that the sunroof she purchased for her 1987 Bronco II was of merchantable quality and safe for the uses for which they were intended.

25. The aforesaid products were not safe for their intended use, nor were they of the merchantable quality as warranted by defendants.

26. CARL J. HOCH and NORMA HOCH have suffered general and special damages and will suffer general damages by reason of the breach of warranty on the part of Defendants.

FOURTH CAUSE OF ACTION

(Negligence Per Se As To Ford Motor Company)

27. Plaintiffs reallege and incorporate by this reference Paragraphs 1 through 6 and 13 of this Complaint.

28. At all times relevant, Federal Motor Vehicle Safety Standard 209 was in effect and required that Defendant, FORD, design the driver's restraint so that it would remain on SHARON J. HOCH's pelvis during the rollover. SHARON J. HOCH was a member of the class of people who are intended by the safety standard to be protected. FORD did not design the restraint

SHARON J. HOCH was wearing so that it would remain on her pelvis during a rollover, it did not remain on SHARON J. HOCH's pelvis during the rollover and she was ejected from the vehicle.

FIFTH CAUSE OF ACTION

(As To Allied-Signal, Inc./Bendix Safety Restraints Division,)

29. Plaintiffs reallege and incorporate by this reference paragraphs 1 through 6 of this Complaint.

30. ALLIED-SIGNAL, INC./BENDIX SAFETY RESTRAINTS DIVISION, knew or as the manufacturer of safety restraints should have known that the Bronco II vehicle involved in the subject accident had special design features which made it handle differently than an ordinary passenger vehicle and made it more susceptible to rollover during certain driving maneuvers.

31. ALLIED/BENDIX retained the services of United States Testing Company, Inc. for the purpose of testing the seatbelt it manufactured and sold to FORD MOTOR COMPANY which it installed for use by SHARON J. HOCH. Said Defendants knew that the company it hired to perform testing on the subject seatbelt determined that it was designed to remain on SHARON J. HOCH's pelvis at all times during the subject rollover and knew that the testing company made this determination by merely visually examining the belt.

32. At or about the time that ALLIED/BENDIX received the testing information relating to whether or not the subject seatbelt was designed to remain on SHARON J. HOCH's pelvis at

all times during the rollover, they knew that the buckle of the seatbelt could release under certain loading conditions. ALLIED/BENDIX also knew that at the time it manufactured the subject seatbelt for FORD MOTOR COMPANY there was a buckle design which was not capable of unintentionally releasing during the loading conditions that could release the buckle of the seatbelt SHARON J. HOCH was wearing at the time of the accident.

33. Under the circumstances set forth hereinabove, ALLIED/BENDIX consciously failed to adequately test the seatbelt.

34. When BENDIX manufactured the seatbelt for FORD MOTOR COMPANY, ALLIED/BENDIX was manufacturing and selling to FORD MOTOR COMPANY safety restraints for use in the FORD Taurus which incorporated a buckle design that was incapable of accidentally releasing under certain loading conditions. Notwithstanding the fact that ALLIED/BENDIX knew the Bronco II multipurpose vehicle was more susceptible to rollover than the FORD Taurus, nevertheless it manufactured and sold to FORD MOTOR COMPANY a seatbelt restraint knowing the following:

a) That no dynamic testing had been performed to determine under what conditions the seatbelt might release during a rollover.

b) That the seatbelt with which the subject vehicle was equipped incorporated a buckle design which was capable of releasing without pushing the release mechanism with which the buckle was equipped.

c) That it was manufacturing and selling to FORD MOTOR COMPANY a restraint system for use in the FORD Taurus which incorporated a buckle design which would not allow buckle release in the event the side of the buckle nearest to the passenger was struck during a rollover accident.

d) That the Bronco II multipurpose vehicle had a rollover rate significantly higher than the FORD Taurus.

35. ALLIED/BENDIX consciously disregarded SHARON J. HOCH's safety by manufacturing and selling to FORD MOTOR COMPANY the subject seatbelt. ALLIED/BENDIX's conscious disregard for the Plaintiff's safety rises to a level of malice thereby justifying an award of punitive damages to the Estate of SHARON J. HOCH.

SIXTH CAUSE OF ACTION

(Misrepresentation/Breach of Express Warranty As To Ford and Burlingame Ford)

36. Plaintiffs reallege and incorporate by this reference paragraphs 1 through 6 of this Complaint.

37. Notwithstanding the fact that at all times relevant herein BURLINGAME FORD was an independent FORD dealer, FORD MOTOR COMPANY knew that BURLINGAME FORD would make representations regarding the subject Bronco II, and in fact authorized BURLINGAME FORD to make representations regarding the stability and handling of this vehicle.

38. FORD MOTOR COMPANY and BURLINGAME FORD expressly warranted and represented to CARL J. HOCH and SHARON J. HOCH that the 1987 Bronco II would handle the same as any other

passenger car. FORD MOTOR COMPANY and BURLINGAME FORD knew that the 1987 Bronco II it was leasing to SHARON J. HOCH with an option to purchase handled differently than an ordinary passenger vehicle when encountering conditions both off-road and on streets and highways.

39. FORD MOTOR COMPANY and BURLINGAME FORD knew that CARL J. HOCH would be making the payments pursuant to the lease option agreement with BURLINGAME FORD and knew that he was concerned with respect to whether or not the subject vehicle would handle differently than the types of vehicles SHARON J. HOCH had driven in the past. CARL J. HOCH informed BURLINGAME FORD that SHARON J. HOCH did not have any experience driving a 4-wheel drive vehicle and justifiably relied upon the aforesaid representation.

40. The representation made to CARL J. HOCH and SHARON J. HOCH was not true because FORD MOTOR COMPANY and BURLINGAME FORD knew that the vehicle it was leasing to SHARON J. HOCH would handle differently than an ordinary passenger vehicle when encountering conditions both off-road and on streets and highways. Had CARL J. HOCH and SHARON J. HOCH been told about these facts, SHARON J. HOCH would not have leased the vehicle with an option to purchase, would not have been involved in the subject accident and would not have died.

41. That as a direct and proximate result of the aforesaid breach of express warranty and misrepresentation, the resulting injuries and death, CARL J. HOCH has sustained general and special damages and will sustain general damages as a result of SHARON J. HOCH's wrongful death.

42. That by reason of the misrepresentation alleged herein, CARL J. HOCH is entitled to punitive damages. In addition, the Estate of SHARON J. HOCH, CARL J. HOCH as Special Administrator, is also entitled to punitive damages.

SEVENTH CAUSE OF ACTION

(Survival Action)

43. Plaintiff, CARL J. HOCH as the Special Administrator of the Estate of SHARON J. HOCH, realleges and incorporates by this reference paragraphs 1 through 6, the entire Second Cause of Action as it relates to FORD and BURLINGAME FORD and the entire Fifth and Sixth Causes of Action of this Complaint.

44. That by reason of the conduct of Defendants, and each of them, SHARON J. HOCH sustained personal injuries which she briefly survived.

45. That by reason of the conduct set forth in herein, the Estate of SHARON J. HOCH is entitled to punitive damages against FORD MOTOR COMPANY, ALLIED SIGNAL/BENDIX SAFETY RESTRAINTS DIVISION and BURLINGAME FORD.

REQUEST FOR PREJUDGMENT INTEREST

Plaintiffs, and each of them, hereby notify the Defendants of their request for prejudgment interest pursuant to Civil Code Section 3291.

WHEREFORE, Plaintiffs pray for judgment as follows:

1. As to CARL J. and NORMA HOCH, general and special damages for the wrongful death of their daughter.

2. As to CARL J. HOCH as the Special Administrator for the Estate of SHARON J. HOCH, special damages according to proof and punitive damages.

3. As to CARL J. HOCH, general damages and punitive damages in the Sixth Cause of Action.

4. The cost of suit incurred herein and for prejudgment interest pursuant to Civil Code Section 3291.

5. For such other and further relief as the Court may deem proper.

DATED: October 25, 1990

Geoffrey Becker

GEOFFREY BECKER

TRAFFIC COLLISION REPORT

PAGE 1 OF 1

FEL. OR FATAL COLLISIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JOINT AL DISTRICT	NUMBER
Y	0		UNINC. SOUTH. R.C.		10-358
	NUMBER KILLED	HIT & RUN MISD.	COUNTY / REPORTING DISTRICT	BEAT	
	1		SAN MATEO	44	

LOCATION

COLLISION OCCURRED ON: RT 280

MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
10	31	89	1905	9330	7395

MILEPOST INFORMATION: 2531 FEET/~~MILES~~ S OF MILEPOST 280SM 5.4

DAY OF WEEK: ~~S M T W T F S~~

TOW AWAY: ☒ YES ☐ NO

PHOTOGRAPHS BY: CHP SGT. DITTIMUS

STATE HWY REL: ☒ YES ☐ NO

☐ AT INTERSECTION WITH

☒ OR: 4243 FEET/~~MILES~~ S OF CANADA ROAD U/C

☐ NONE

PARTY 1

DRIVER	STATE	CLASS	SAFETY EQUIP.	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
[redacted]	CA	3	F	87	FORD S/W BRN	[redacted]	CA

☒ DRIVER ☐ PEDESTRIAN ☐ PARKED VEHICLE ☐ BICYCLIST ☐ OTHER

[redacted]

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

CITY / STATE / ZIP: REDWOOD CITY, CAL [redacted]

SEX	HAIR	EYES	HEIGHT	WEIGHT	RACE
F	BLN	GRN	5'5	140	[redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER

ADVANCED TOW, BELMONT

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

HOME PHONE: ( ) UNKNOWN. BUSINESS PHONE: ( )

CHP USE ONLY VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☒ TOTAL

SHADE IN DAMAGED AREA

INSURANCE CARRIER: STATE FARM # [redacted]

DIR. OF TRAVEL	ON ~~STREET OR~~ HIGHWAY	SPEED LIMIT	PCF
S	RT 280	55	21658(A)V.C

ICC ☐ PUC ☐ CHP ☐

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

☐ DRIVER ☐ PEDESTRIAN ☐ PARKED VEHICLE ☐ BICYCLIST ☐ OTHER

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY / STATE / ZIP

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO.	DAY	YEAR	RACE

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

HOME PHONE: ( ) BUSINESS PHONE: ( )

CHP USE ONLY VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

INSURANCE CARRIER: POLICY NUMBER:

DIR. OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	PCF

ICC ☐ PUC ☐ CHP ☐

PARTY 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

☐ DRIVER ☐ PEDESTRIAN ☐ PARKED VEHICLE ☐ BICYCLIST ☐ OTHER

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY / STATE / ZIP

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO.	DAY	YEAR	RACE

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

HOME PHONE: ( ) BUSINESS PHONE: ( )

CHP USE ONLY VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

INSURANCE CARRIER: POLICY NUMBER:

DIR. OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	PCF

ICC ☐ PUC ☐ CHP ☐

PREPARER'S NAME: G. LATIMER 7395

DISPATCH NOTIFIED: ☒ YES ☐ NO ☐ N/A

REVIEWER'S NAME: MARBLE, B 8695

DATE REVIEWED: 11-9-89

87 45344

MO 10	DAY 31	YEAR 87	VEHICLE 1990	4330	234	NUMBER 10-358

PROPERTY DAMAGE — OWNER'S NAME ADDRESS — DESCRIPTION OF DAMAGE

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STA. WGN. REAR
8 - RR. OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

1 2 3
4 5 6
7

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
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
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
V - NO
W - YES
PASSENGER
X - NO
Y - YES

EJECTED FROM VEH.

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

*ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR
LIST NUMBER (#) OF PARTY AT FAULT

- 1 A VC SECTION VIOLATED: 21658 (A) V.C. — CITED ☐ YES ☒ NO
- 1 B OTHER IMPROPER DRIVING*
- C OTHER THAN DRIVER*
- D UNKNOWN*
- 1 E FELL ASLEEP*

WEATHER (MARK 1 TO 2 ITEMS)

- X A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY FT.
- F OTHER*:
- G WIND

LIGHTING

- D DAYLIGHT
- [redacted] - DAWN
- X [redacted]RK - STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

- X A DRY
- B WET
- C SNOWY - ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)

- A HOLES, DEEP RUTS*
- B LOOSE MATERIAL ON RDWY.*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION - REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*:
- X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

- X A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

- A HEAD-ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- X F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH

- X A NON-COLLISION
- B PEDESTRIAN
- C OTHER MOTOR VEHICLE
- D MOTOR VEH. ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTION

- X A NO PEDESTRIAN INVOLVED
- B CROSSING IN CROSSWALK AT INTERSECTION
- C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D CROSSING - NOT IN CROSSWALK
- E IN ROAD - INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACH / LEAVING SCHOOL BUS

TYPE OF VEHICLE

	1	2	3
A PASSENGER CAR / STA. WGN.	X		
B PASSENGER CAR W / TRAILER			
C MOTORCYCLE / SCOOTER			
D PICKUP OR PANEL TRUCK			
E PICKUP / PANEL TRK. W / TLR.			
F TRUCK OR TRUCK TRACTOR			
G TRK. / TRK. TRACTOR W / TLR.			
H SCHOOL BUS			
I OTHER BUS			
J EMERGENCY VEHICLE			
K HWY. CONST. EQUIPMENT			
L BICYCLE			
M OTHER VEHICLE			
N PEDESTRIAN			
O MOPED			

OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
B VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
D			
E VISION OBSCUREMENT:			
F INATTENTION*			
G STOP & GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD			
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT	X		
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED			
B PROCEEDING STRAIGHT			
C RAN OFF ROAD	X		
D MAKING RIGHT TURN			
E MAKING LEFT TURN			
F MAKING U TURN			
G BACKING			
H SLOWING / STOPPING			
I PASSING OTHER VEHICLE			
J CHANGING LANES			
K PARKING MANEUVER			
L ENTERING TRAFFIC			
M OTHER UNSAFE TURNING			
N XING INTO OPPOSING LANE			
O PARKED			
P MERGING			
Q TRAVELING WRONG WAY			
R OTHER:*			

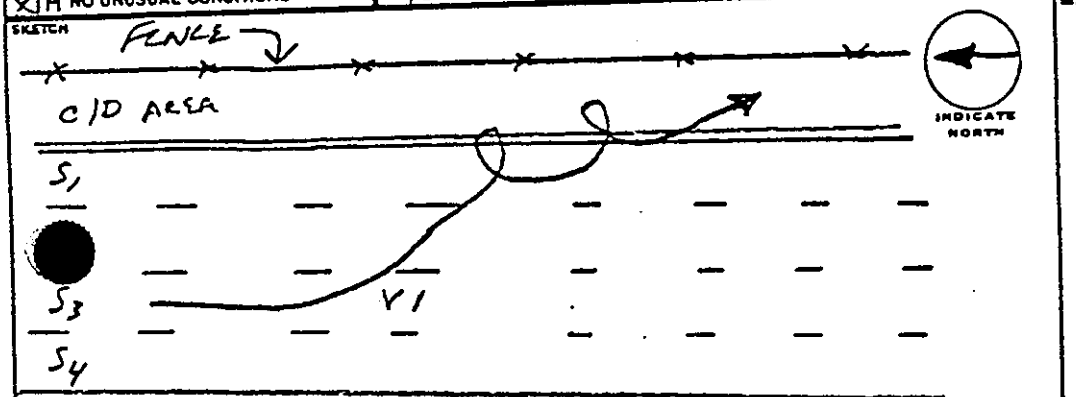
SOBRIETY-DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

	1	2	3
A HAD NOT BEEN DRINKING			
B HBD - UNDER INFLUENCE			
C HBD - NOT UNDER INFLU.*			
D HBD - IMPAIRMENT UNK.*			
E UNDER DRUG INFLU.*			
F IMPAIRMENT - PHYSICAL*			
G IMPAIRMENT NOT KNOWN	X		
H NOT APPLICABLE			
I SLEEPY / FATIGUED			

SPECIAL INFORMATION

- A HAZARDOUS MATERIAL

SKETCH



RT 280 S/B LANES

MISCELLANEOUS

INJURED / WITNESSES / PASSENGERS

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
10-31-89	1905	9330	7395	10-358

[illegible]	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS	SAFETY EQUIP	EJECTED
☐ #	☐	21	F	☒	☐	☐	☐	☒	☐	☐	☐	☐	1	1	F	1

TELEPHONE

NAME / D.O.B. / ADDRESS: D-1 HOCH.

TAKEN TO:

(INJURED ONLY) TRANSPORTED BY: FATAL INJURIES, TAKEN TO CORONERS

DESCRIBE INJURIES: PRONOUNCED DECEASED BY DR. YETIV, M.D., SEQUOIA HOSPITAL: CORONER CASE # 89-1078

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ # 1	☐	44	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

TELEPHONE

[redacted]

TO: MENLO [redacted] CAL [redacted]

(INJURED ONLY) TRANSPORTED BY: TEL # [redacted]

DESCRIBE INJURIES: D.O.B. [redacted]

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ # 2	☐	65	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

TELEPHONE

[redacted] SAN JOSE, CAL [redacted]

(INJURED ONLY) TRANSPORTED BY: TEL # [redacted]

DESCRIBE INJURIES: D.O.B. [redacted]

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ # 3	☐	34	F	☐	☐	☐	☐	☐	☐	☐	☐	☐				

TELEPHONE

[redacted] BELMONT, CA [redacted]

(INJURED ONLY) TRANSPORTED BY: D.O.B. [redacted]

TAKEN TO: [redacted]

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

TELEPHONE

NAME / D.O.B. / ADDRESS

TAKEN TO:

(INJURED ONLY) TRANSPORTED BY:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

TELEPHONE

NAME / D.O.B. / ADDRESS

TAKEN TO:

(INJURED ONLY) TRANSPORTED BY:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

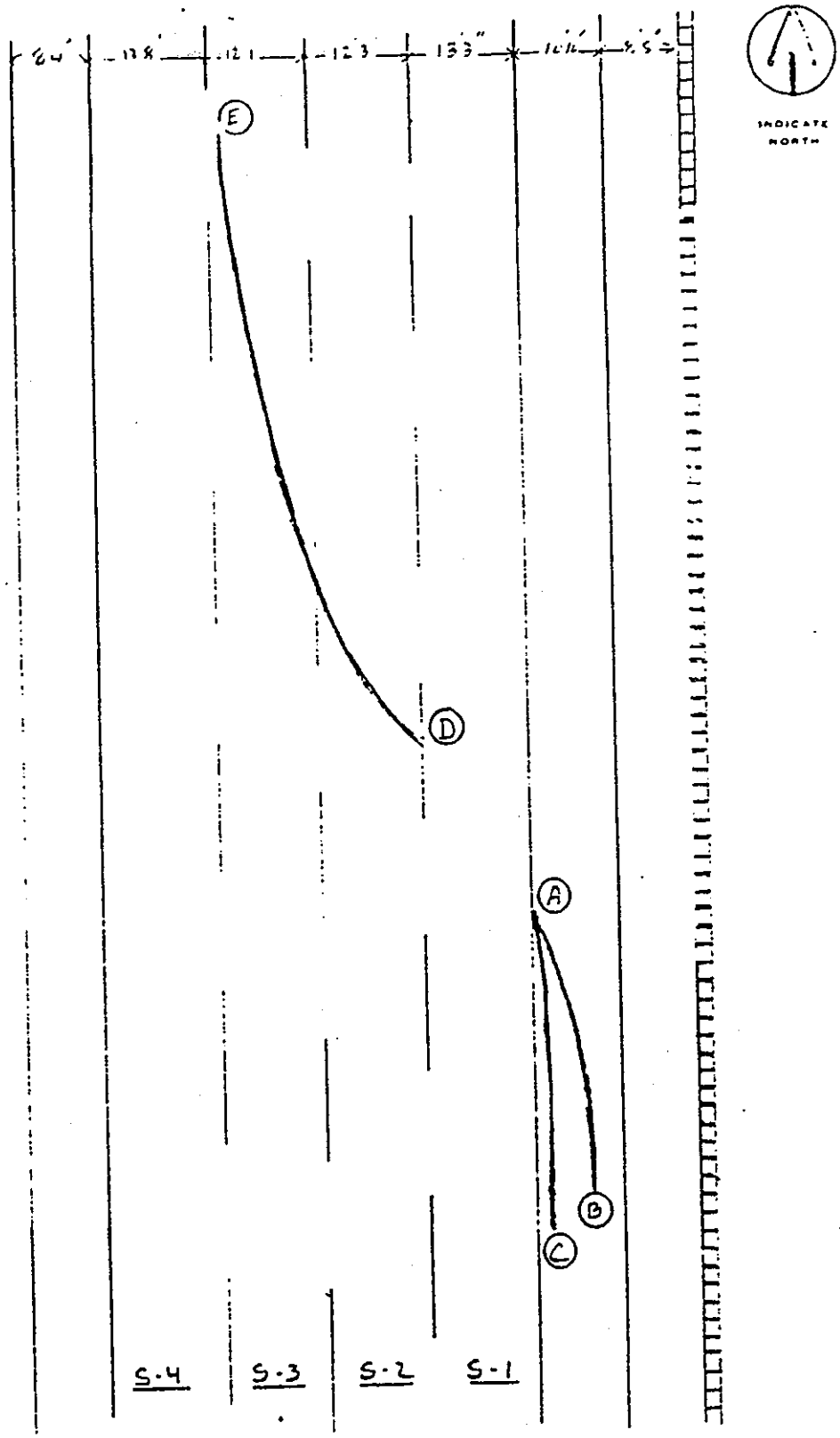
PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO DAY
G. LATIMER	7395	10-31-89	[illegible]	11/9/89

FACTUAL DIAGRAM

DATE OF COLLISION		NCIC NUMBER	OFFICER ID	NUMBER
MO 10 DAY 31 YR 89	1905	9330	7395	10-358

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE +

1 OF 2



I-280 S/B

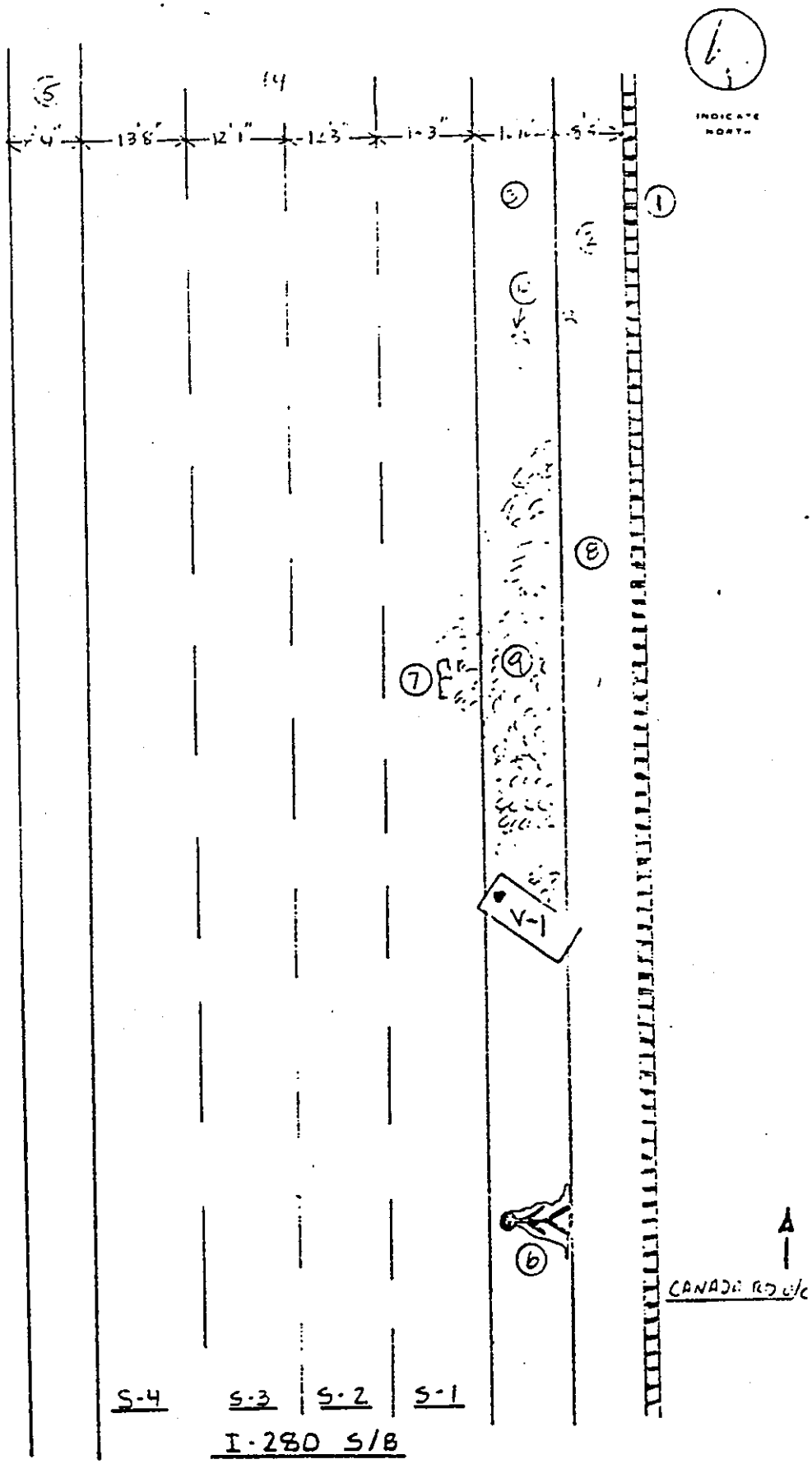
DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR
GRAY STD	11985	11-1-89		

FACTUAL DIAGRAM

DATE OF COLLISION					
MO. 12 DAY 31 YR. 89	1905	9330	7395	10-353

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE)

2 OF 2



DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
[illegible]	11985	11-1-89		

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NARRATIVE SUPPLEMENTAL

DATE	TIME (24HR)	NCIC NUMBER	OFFICER ID	NUMBER
10-31-89	1905	9330	7395	10-358

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
☐ NARRATIVE	☐ COLLISION REPORT	☐ BA UPDATE	☐ FATAL	☐ HIT & RUN UPDATE
☐ SUPPLEMENTAL	☒ OTHER	☐ HAZARDOUS MATERIALS	☐ SCHOOL BUS	☐ OTHER

CITY/COUNTY/JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED ☐ YES ☐ NO

LEGEND

(1) STEEL / POST GUARD RAIL.
(2) DIRT CENTER DIVIDER.
(3) ASPHALT MEDIAN. WITH ASPHALT CURB.
(4) ASPHALT TRAFFIC LANES DIVIDED BY BOTT DOTS.
(5) ASPHALT SHOULDER.
(6) BLOOD FROM P-1.
(7) GRILL FROM V-1.
(8) DISTURBED DIRT.
(9) GLASS AND DIRT ON MEDIAN AND ROADWAY.
(10) SCRAPE MARK ON PAVEMENT

POINTS OF REST (POR)

V-1:
L/R: 3' W/E ROAD EDGE OF I-280 S/B & 4165' S/N EDGE OF CANADA RD U/C.
L/F: 9' W/E ROAD EDGE OF I 280 S/B & 4172' S/N EDGE OF CANADA RD U/C.

P-1:
HEAD: 5'4" W/E ROAD EDGE OF I 280 S/B & 4136' S/N EDGE OF CANADA RD U/C.
GROIN: 3'3" W/E ROAD EDGE OF I-280 S/B & 4132' S/N EDGE OF CANADA RD U/C.

LOCATION OF SKIDS

(A) START: AT THE E/ROADWAY EDGE OF I-280 S/B & 4290' S/N EDGE OF CANADA RD. U/C.
(B) END: 7'6" E/E ROADWAY EDGE OF I-280 S/B & 4259' S/N EDGE OF CANADA RD U/C.
(C) END: 1'8" E/E ROADWAY EDGE OF I-280 S/B & 4255' S/N EDGE OF CANADA RD U/C
(D) END: 13'3" W/E ROADWAY EDGE OF I-280 S/B & 4311' S/N EDGE OF CANADA RD. U/C
(E) START. 34'9" W/E ROADWAY EDGE OF I-280 S/B & 4381' S/N EDGE OF CANADA RD. U/C

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
GRAY CHP	11985	11-1-89		

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NARRATIVE SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER ID	NUMBER
10-31-84	1905	9330	7395	10-355

"X" ONE: [ ] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY/COUNTY/JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

PHYSICAL EVIDENCE

GRILL AND GLASS FROM V-1. DIRT FROM CENTER DIVIDER.
SCRAPE OF ASPHALT MEDIAN.

LOCATION OF PHYSICAL EVIDENCE

GRILL: 13'8" W/E ROAD EDGE OF I-250 [illegible] 4190' N/N EDGE OF CANADA [illegible]
SCRAPE: 5' E/E RDWY EDGE OF I-250 S/B & 4243' N/N EDGE OF CANADA RD W/C.
GLASS/DIRT: 5' E/E RDWY EDGE OF I-250 S/B & 4200' N/N EDGE OF CANADA RD W/C.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
GRAY	11985	11-2-84		

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87 4

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT/OCCURENCE	TIME (2400)	NCIC NUMBER	OFFICER ID	NUMBER
10-31-89	1905	9330	7395	10-358

TYPE OF ONE: [ ] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY/COUNTY/JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

FACTS: WHILE ON PATROL ON RT 280 VICINITY OF ALPINE RD I RECEIVED A CHP RADIO CALL OF AN INJURY ACCIDENT AT APPROX 1910 HRS. I ARRIVED ON SCENE AT APPROX 1918 HRS.

SCENE: RT 280 AT THIS LOCATION IS A FULL 8 LANE NORTH-SOUTH FREEWAY, 4 LANES SOUTH AND FOUR LANES NORTH, ASPHALT PAVEMENT, DIVIDED BY AN ASPHALT-DIRT CENTER DIVIDER AREA DIVIDED BY A METAL-WOOD C/D FENCE. THE WIDTH OF THE TFC LANES INDICATED ON P-4 THIS REPORT.

CHP SGTS K. DITTIMUS #10265 AND L. QUINN #2328 WERE ON THE SCENE UPON MY ARRIVAL AS WERE THE WITNESSES LISTED ON P-3. PARAMEDIC PERSONNEL, FIRE DEPT PERSONNEL AND S.M. SHERIFF DEPUTYS ARRIVED A SHORT TIME LATER.

VEHICLE: LOCATION OF V-1 LISTED ON P-6 OF THIS REPORT. V-1 SUSTAINED TOTAL DAMAGE TO BOTH ENTIRE SIDES, TOP, HOOD, WINDSHIELD AREA V-1 LOCATED ON ITS WHEELS HAD OVERTURNED AT LEAST TWICE ACCORDING TO WITNESS STATEMENTS.

DRIVERS IDENTIFICATION: A VALID CALIFORNIA DRIVER LICENSE ALONG WITH OTHER I.D. WAS LOCATED IN A LEATHER BEIGE COLOR PURSE FOUND LAYING IN THE C/D AREA.

PHYSICAL EVIDENCE: LISTED ON P-7 THIS REPORT.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
G. LATIMER	7395	10-31-89		

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ARRATIVE SUPPLEMENTAL

DATE OF INCIDENT OCCURRENCE	TIME (24-0)	NCIC NUMBER	OFFICER I.D.	NUMBER
10-31-89	1905	9330	7395	10-358

		TYPE SUPPLEMENTAL (X' APPLICABLE)		
[X] [redacted]	[X] COLLISION REPORT	[ ] BA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER

	REPORTING DISTRICT SEAT	CITATION NUMBER

STATE HIGHWAY RELATED [ ] YES [ ] NO

D-1 [redacted] WAS MEDICALLY ATTENDED TO BY MEDIC #27 PERSONNEL AND WAS PRONOUNCED DECEASED AT THE SCENE BY SEQUOIA HOSPITAL DR. YETIV, M.D., AT 1935 HOURS.

STATEMENTS:

D-1 [redacted] PRONOUNCED DECEASED AND WAS THE LONE OCCUPANT OF THE VEHICLE.

WITNESS #1 [redacted] (D.D.S.) STATED HE WAS TRAVELING APPROX 200 TO 300 FEET BEHIND V-1 IN THE S_2 LANE AT BETWEEN 60-65 MPH, THE SAME SPEED AS V-1. HE SAID SUDDENLY V-1 SWERVED SHARPLY TO THE LEFT THEN OVERTURNED TWICE EJECTING D-1 ONTO THE PAVEMENT. HE STOPPED TO HELP AND ADMINISTER CPR TO D-1.

WITNESS #2 [redacted] STATED HE WAS S/B RT 280 AT ABOUT 65 MPH IN THE S_3 LANE ABOUT 200 FEET BEHIND V-1 WHEN FOR NO APPARENT REASON V-1 SUDDENLY TURNED LEFT AND THEN OVERTURNED TWO OR THREE TIMES. HE SAID THERE WAS NOTHING IN THE ROADWAY TO INTERFERE WITH V-1 NOR DID ANY OTHER VEHICLE CAUSE D-1 TO LOSE CONTROL LIKE THAT.

WITNESS #3 [redacted] DID NOT ACTUALLY WITNESS THE ACCIDENT BUT STOPPED TO HELP AND TO ALSO GIVE CPR TO THE VICTIM SINCE SHE HAD BEEN TRAINED FOR CPR.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH-DAY/YEAR
G. LATIMER	7395	10-31-89		

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NARRATIVE/SUPPLEMENTAL

PAGE 10

DATE OF INCIDENT/OCCURRENCE	TIME (24:00)	NCIC NUMBER	OFFICER ID	NUMBER
10-31-89	1905	9330	2395	10-358

FORM	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] [redacted]	[X] COLLISION REPORT	[ ] BA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER

CITY, COUNTY, JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | STATION NUMBER

LOCATION, SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

1. OPINION AND CONCLUSION TO REPORT:

2

3. POINT OF IMPACT: S/B RT 280 APPROX
4. 4,243 FEET S/O CANADA RD U/C AND APPROX
5. 5 FEET EAST OF EAST EDGE OF RT 280 S,
6. TFC LANE, INTO THE CENTER DIVIDER AREA.
7. ALSO APPROX 1.1 MILE N/O THE FARM HILL BL
8. U/C. DETERMINED BY PHYSICAL EVIDENCE AND
9. WITNESS STATEMENTS.

10.

11. SUMMARY OF ACCIDENT: V-1 S/B RT 280 IN
12. S3 TFC LANE IN LIGHT TO MODERATE TRAFFIC
13. DURING DARKNESS. SPEED OF V-1 BETWEEN
14. 60-65 MPH ON A STRAIGHT ROADWAY. FOR
15. UNKNOWN REASONS V-1 SUDDENLY SWERVED LEFT
16. SHARPLY AND OVERTURNED AT LEAST TWICE IN
17. THE C/D AREA BEFORE COMING TO REST ON
18. ITS WHEELS FACING WEST. D-1 WAS EJECTED
19. INFLICTING FATAL INJURIES AND WAS PRONOUNCED
20. DECEASED APPROX 30 MINUTES LATER.

21.

22.

23. CAUSE OF ACCIDENT: THE EXACT CAUSE OF THIS
24. ACCIDENT IS UNKNOWN AT THIS TIME. ACCORDING
25. TO THE WITNESSES THERE WAS NOTHING LAYING
26. IN THE ROADWAY TO INTERFERE WITH V-1 AND
27. NO OTHER VEHICLE IN THE IMMEDIATE
28. VICINITY INTERFERED WITH V-1. IT IS POSSIBLE
29. THE ATTENTION OF D-1 WAS SOMEHOW DIVERTED.
30. D-1 COULD HAVE DROPPED SOMETHING ON THE FLOOR
31. AND WAS REACHING FOR IT WHEN SHE LOST

32.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
G. LATIMER	2395	10-31-89		

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NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT/OCCURENCE	TIME (2400)	NCIC NUMBER	OFFICER ID	NUMBER
10-31-89	1905	9330	7395	10-358

"X" ONE: [ ] NARRATIVE [X] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY/COUNTY/JUDICIAL DISTRICT | REPORTING DISTRICT/BEAT | STATION NUMBER

LOCATION SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

CONTROL OF HER VEHICLE. D-1 COULD HAVE BEEN TUNING HER RADIO OR ADJUSTING HER TAPE CASSETTE PLAYER (IT WAS REPORTED TO ME BY THE WITNESSES THAT THE VEHICLES TAPE CASSETTE WAS ON VERY LOUD WHEN THEY APPROACHED V-1 ON FOOT).

THERE WAS NOTHING MECHANICALLY WRONG WITH V-1. IT WAS INSPECTED AT THE TOW YARD THE NEXT DAY BY CHP MECHANICAL SPECIALIST OFFICER J. ROURKE, #4108, AND NO DEFECTS WERE FOUND. THE INSPECTION REPORT IS ATTACHED TO THIS REPORT.

RECOMMENDATIONS: NONE AT THIS TIME.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
G. LATIMER	7395	10-31-89		

21

SUSAN M. DOUGLAS 3701 S. George Mason Drive #1416 North Falls Church, Virginia Plaintiff	*	IN THE CIRCUIT COURT FOR MONTGOMERY COUNTY
FORD MOTOR COMPANY The American Road Dearborn, Michigan Defendant	*	Case No.: 36902
Serve On: The Corporation Trust, Inc. 32 South Street Baltimore, Maryland 21202	*	

* * * * * * * *

COMPLAINT AND ELECTION FOR JURY TRIAL

SUSAN M. DOUGLAS, Plaintiff, by her undersigned attorneys, sues FORD MOTOR COMPANY (hereinafter "Ford"), Defendant.

Count I - Strict Liability

1. Plaintiff is a resident of the State of Virginia.

2. Defendant Ford is a Delaware corporation with its principle place of business in the state of Michigan.

3. Defendant Ford is, among other things, engaged in the business of designing, manufacturing, assembling, distributing and/or selling automobiles and designed, manufactured, assembled, distributed and/or sold the 1984 Ford Tempo (V.I.N. # 1FABP21R3EK293262), hereinafter "Tempo", which is more specifically described below, and delivered the same to its authorized dealer Winebrenner Ford, 217 Stevens Drive, Iowa City, Iowa.

4. At all times material hereto, Defendant Ford is authorized to and does business in the State of Maryland and is thus subject to the jurisdiction of the courts of this state.

5. On or about August 4, 1984, Plaintiff took delivery of said Tempo from Winebrenner Ford.

6. On or about November 21, 1985, the Plaintiff was carefully and prudently operating said Tempo with her seat belt on, in a north westerly direction on River Road at its

intersection with Tack House Court in Potomoc, Montgomery County, Maryland. The roadway was wet due to the weather conditions. As the Plaintiff applied the brakes of said Tempo and steered to carefully negotiate a bend in the roadway, suddenly and without warning, she lost control of her vehicle and it left the roadway crashing into a ravine. During the crash sequence, Plaintiff was ejected from the vehicle with great force and violence and as a result sustained serious and painful permanent injuries including paraplegia.

7. No negligence on the part of the plaintiff contributed to the above events.

8. The Tempo was designed, manufactured and/or assembled, by the Defendant Ford in a defective condition and unreasonable dangerous to users including the Plaintiff herein. These defects include, but are not limited to:

a. the braking system, in that under a variety of conditions, when the brakes are applied with sufficient force, excessive brake pressure is delivered to the rear wheels causing them to lock before the front wheels resulting in a loss of vehicle control in that it will rotate or spin in a clockwise or counter clockwise yaw;

b. the suspension system, in that it created an unstable condition in the vehicle which resulted in a loss of control of the vehicle.

9. The Defendant failed to adequately warn the Plaintiff of the above-mentioned defects.

10. The Defendant failed to make adequate remedies to protect Plaintiffs against the above-mentioned defects.

11. The Defendant failed to adequately test or adequately inspect the Tempo to ascertain the above-mentioned defects.

12. The Tempo was defective at the time it left the possession and control of the Defendant and was expected to and did reach the Plaintiff without substantial change to its condition and remained so at all times prior to the occurrence.

13. The defective condition of the Tempo was a proximate cause of Plaintiff's damages which include but are not limited to:

a. the past, present and future suffering as a result of the severe painful and permanent injuries to her head, spine, body, and limbs, severe shock to her nerves and nervous system and great mental suffering and anguish.

b. the past, present and future expenditures of considerable sums of money for hospital, medical care and treatment.

c. having been prevented in the past and permanently prevented in the future from engaging in her duties, occupation, activities and pursuits and will suffer permanent impairment in her future wage/income earning capacity which has, is and will cause extensive economic loss.

WHEREFORE, Plaintiff Susan M. Douglas claims compensatory damages against the Defendant in the amount of Five Million Dollars ($5,000,000.00).

Count II - Strict Liability

14. Plaintiff incorporates by reference paragraphs 1 through 7 as if each were set forth in their entirety.

15. The Tempo was designed, manufactured and/or assembled by the Defendant Ford in a defective condition and unreasonably dangerous to users including the plaintiff herein because it was not crashworthy. This defective condition caused an enhancement of the injuries that otherwise would not have been sustained by the Plaintiff in the occurrence. These defects include but are not limited to:

a. the driver's seat belt system in that it failed to adequately restrain the plaintiff during the crash sequence;

b. the driver's seat belt system in that it allowed the introduction of excessive slack;

c. the driver's seat belt system in that the buckle failed during the crash sequence;

d. the driver's seat belt system in that its inertia lock failed and/or delayed in actuation;

e. the occupant compartment did not contain airbags; and

f. the side windows of the Tempo were not laminated.

16. Plaintiff incorporates by reference paragraphs 9 through 13 as if each were set forth in their entirety.

WHEREFORE, Plaintiff Susan M. Douglas claims compensatory damages against the Defendant in the amount of Five Million Dollars ($5,000,000.00).

Count III - Negligence

17. Plaintiff incorporates by reference paragraphs 1 through 7 as if each were set forth in their entirety.

18. Defendant Ford owed Plaintiff a duty to exercise reasonable care in the design, manufacture and assembly of said Tempo so as to render it free of defects and reasonably safe for its foreseeable uses.

19. Defendant Ford negligently designed, manufactured and/or assembled the Tempo so that it was defective in ways which include but are not limited to:

a. the braking system, in that under a variety of conditions, when the brakes are applied with sufficient force, excessive brake pressure is delivered to the rear wheels causing them to lock before the front wheels resulting in a loss of vehicle control in that it will rotate or spin in a clockwise or counter clockwise yaw;

b. the suspension system, in that it created an unstable condition in the vehicle which resulted in a loss of control of this vehicle.

20. Defendant Ford was negligent and breached its duty to the Plaintiff in that they knew, had reason to know, or should have known of said unreasonable risk, and notwithstanding the same, among other things:

a. unreasonably exposed the Plaintiff to such risk;

b. failed to adequately warn the Plaintiff of such risk;

c. failed to remedy or correct such unreasonable risk of harm;

d. failed to adequately test or adequately inspect to ascertain such risk.

21. Defendant Ford's negligence was a proximate cause of Plaintiff Susan M. Douglas' damages which include but are not limited to:

a. the past, present and future suffering as a result of the severe painful and permanent injuries to her head, spine, body, and limbs, severe shock to her nerves and nervous system and great mental suffering and anguish.

b. the past, present and future expenditures of considerable sums of money for hospital, medical care and treatment.

c. having been prevented in the past and permanently prevented in the future from engaging in her duties, occupation, activities and pursuits and will suffer permanent impairment in her future wage/income earning capacity which has, is and will cause extensive economic loss.

WHEREFORE, Plaintiff Susan M. Douglas claims compensatory damages against the Defendant in the amount of Five Million Dollars ($5,000,000.00).

Count IV - Negligence

22. Plaintiff incorporates by reference 17 and 18 as if each were set forth in its entirety.

23. Defendant Ford negligently designed, manufactured and/or assembled the Tempo so that it was defective in that it was not crashworthy. This defective condition caused an enhancement of the injuries that otherwise would not have been sustained by the Plaintiff in the occurrence. These defects include but are not limited to:

a. the driver's seat belt system in that it failed to adequately restrain the plaintiff during the crash sequence;

b. the driver's seat belt system in that it allowed the introduction of excessive slack;

c. the driver's seat belt system in that the buckle failed during the crash sequence;

d. the driver's seat belt system in that its inertia lock failed and/or delayed in actuation;

e. the occupant compartment did not contain airbags; and

f. the side windows of the Tempo were not laminated.

24. Plaintiff incorporates by reference paragraphs 20 and 21 as if each were set forth in their entirety.

WHEREFORE, Plaintiff Susan M. Douglas claims compensatory damages against Defendants in the amount of Five Million Dollars ($5,000,000.00).

Count V - Implied Warranty

25. Plaintiff incorporates by reference paragraphs 1 through 7 as if each were set forth in their entirety.

26. Defendant Ford is a merchant with respect to automobiles and impliedly warranted that said Tempo was fit for its ordinary use and impliedly warranted that it was fit for its particular use.

27. Plaintiff, as a user, relied upon these implied warranties and the Defendant's status as a merchant.

28. Defendant Ford breached its warranties to Plaintiff because said Tempo was defective and not fit for its ordinary and particular use. These defects include but are not limited to:

a. the braking system, in that under a variety of conditions, when the brakes are applied with sufficient force, excessive brake pressure is delivered to the rear wheels causing them to lock before the front wheels resulting in a loss of vehicle control in that it will rotate or spin in a clockwise or counter clockwise yaw;

b. the suspension system, in that it created an unstable condition in the vehicle which resulted in a loss of control of the vehicle.

29. Defendant Ford's breach is a proximate cause of Plaintiff Susan M. Douglas' damages which include but are not limited to:

a. the past, present and future suffering as a result of the severe painful and permanent injuries to her head, spine, body, and limbs, severe shock to her nerves and nervous system and great mental suffering and anguish.

b. the past, present and future expenditures of considerable sums of money for hospital, medical care and treatment.

c. having been prevented in the past and permanently prevented in the future from engaging in her duties, occupation, activities and pursuits and will suffer permanent impairment in her future wage/income earning capacity which has, is and will cause extensive economic loss.

WHEREFORE, Plaintiff Susan M. Douglas claims compensatory damages against the Defendant in the amount of Five Million Dollars ($5,000,000.00).

Count VI - Implied Warranty

30. Plaintiff incorporates by reference paragraphs 25 through 27 as if each were set forth in their entirety.

31. Defendant Ford breached its warranties to Plaintiff because said Tempo was defective because it was not crashworthy. The defective condition caused an enhancement of the injuries that otherwise would not have sustained by the Plaintiff in the occurrence. These defects include but are not limited to:

a. the driver's seat belt system in that it failed to adequately restrain the plaintiff during the crash sequence;

b. the driver's seat belt system in that it allowed the introduction of excessive slack;

c. the driver's seat belt system in that the buckle failed during the crash sequence;

d. the driver's seat belt system in that the inertia lock failed and/or delayed in actuation;

e. the occupant compartment did not contain airbags; and

f. the side windows of the Tempo were not laminated.

32. Plaintiff incorporates by reference paragraph 29 as if it were set forth in its entirety.

WHEREFORE, Plaintiff Susan M. Douglas claims compensatory damages against the Defendant in the amount of Five Million Dollars ($5,000,000.00).

Bertram M. Goldstein

Dean Kasian
GOLDSTEIN, WELTCHEK & ASSOCIATES
222 Blaustein Building
One North Charles Street
Baltimore, Maryland 21201
(301) 539-2222
Attorneys for Plaintiff

SUSAN M. DOUGLAS
3701 S. George Mason Drive
#1416 North
Falls Church, Virginia

Plaintiff

FORD MOTOR COMPANY
The American Road
Dearborn, Michigan

Defendant

Serve On:
The Corporation Trust, Inc.
32 South Street
Baltimore, Maryland 21202

* IN THE
* CIRCUIT COURT
* FOR
* MONTGOMERY COUNTY
* Case No.:

* * * * * * * *

ELECTION FOR JURY TRIAL

Dear Clerk:

Plaintiff elects to have a trial by jury on all issues.

Bertram M. Goldstein

Dean Kasian

Dean Kasian
GOLDSTEIN, WELTCHEK & ASSOCIATES
222 Blaustein Building
One North Charles Street
Baltimore, Maryland 21201
(301) 539-2222
Attorneys for Plaintiff

TRAFFIC AREA CASE NO: 5911 CS6-0084

4 ACCIDENT NO: 1 1 1 8 5 0 1 1 6 1 1

5 TIME (MILITARY): 0 1 1 6

6 DAY OF WEEK: 1

7 TR ACCIDENT / NON TRAFFIC ACCIDENT

8 COUNTY: 1 5

9 TIME NOTIFIED (MILITARY): 0 1 4 6

10 TIME ARR (MILITARY): 0 8 0

11 ACCIDENT SEVERITY: 3

12 FIRST HARMFUL EVENT: 1

13 MOST OBJECT EVENTS: 1

14 OBJECT STRUCK: 1 6 1 1

15 COLLISION TYPE: 1 1 7

16 RELATIONSHIP TO INTERSECTION: 1

17 KIND OF ACCIDENT: 3

18 DAMAGE TO PROPERTY OTHER THAN VEHICLE OBJECT: Guardrail

19 OWNER NAME: State Roads Maint

20 DAMAGE SEVERITY: 3

21 ACCIDENT OCCURRED ON ROAD NAME: River Rd

22 DISTANCE: 50 1

23 GOING FROM ACCIDENT: 4

24 REFERENCE ROAD NAME: Tech House Ct.

25 ACCIDENT OCCURRED IN: RURAL

26 THE PRIMARY RURAL AREA: BLYTHALS ARA 338

27 MILE REFERENCE (ROUTE AT CS): 0 0 5 . 6 9 6

28 RAMP MOVEMENT: 1

29 TYPE / ROUTE NO / SUFFIX: Md 0 1 9 9

30 TYPE / ROUTE NO / SUFFIX: OR 0 4 7 9

31 MOVEMENT OF VEHICLES: VEH 1 — 01 Moving Constant Speed; 02 Accelerating; 03 Slowing or Stopping; 04 Starting from Traffic Lane; 05 Starting from Parked Position; 06 Stopped in Traffic Lane; 07 Changing Lanes; 08 Passing; 09 Parking; 10 Backing; 11 Making Left Turn; 12 Making Right Turn; 13 Making U Turn; 14 Making Right Turn on Red; 15 Making U Turn; 16 Not Moving; 17 Leaving Moving Vehicle; 18 Other (Specify). VEH 2 — 1

DIRECTION PRIOR TO TURNING: 3 / 4

32 ACCIDENT OCCURRED IN: 1 1 — 01 Lane 1; 02 Lane 2; 03 Lane 3; 04 Lane 4; 05 Median/Intersection Area; 06 Acceleration Lane; 07 Deceleration Lane; 08 Left Turn Lane; 09 Right Turn Lane; 10 Left Shoulder; 11 Right Shoulder; 12 Center Shoulder; 13 Right Roadside; 14 Left Roadside; 15 Median Traffic Island; 16 Median Strip; 17 Parking Lane; 18 Driveway; 19 Other

33 TRAFFIC CONTROLS: FUNCTIONING 1 3 1 3 1 1; NOT FUNCTIONING 2 1 1 1 1 1 1 1 1

34 MV UNIT NO: 1

35 HIT & RUN: 1 NO / 2 YES

1 DRIVER NAME FIRST MIDDLE & LAST: [redacted]

4 ADDRESS NO STREET CITY STATE & ZIP: [redacted] Belle Plaine Iowa [redacted]

5 PHONE NO: [redacted]

6 DATE OF BIRTH: DAY 2 YR 1 6 2

7 SEX: F

8 DRIVER LICENSE NO: [redacted]

9 CLASS: D

10 RESTRICTIONS: 1

11 STATE: Iowa

12 YEARS DRIVING EXP: 4

13 DRIVER EDUCATION: 4

14 INJURY SEV: 4

15 SAFETY EQPT: 1 9

16 [illegible]

17 OCC NO: 1

18 SEAT POS: 1

19 AGE: 1

20 SEX: 1

21 EJECTED: 1

22 EXTENT OF EJECTION: 1

23 EJECTED: 1

24 OCCUPANT NAME & ADDRESS: [redacted] Belle Plaine Iowa [redacted]

25 MAKE: Ford

26 MODEL: Tempo

27 YR: 8 4

28 VEHICLE ID NO: 1FABP21R0LK[redacted]

29 PLATE NO: [redacted]

30 STATE: Iowa

31 YR: 8 6

32 VEH TYPE: 0 2

33 TOWED TYPE: 1

34 DAMAGE SEVERITY: 1 Disabling; 2 Functional; 3 Other Veh Damage; 4 No Damage; 5 Unknown

35 VEHICLE REMOVED BY: Roseville Mobile

36 VEHICLE REMOVED TO: [redacted]

37 REMOVAL AUTHORITY: 3 — 1 Owner; 2 Driver; 3 Officer; 4 Occupant; 5 Other; 6 NA

1 MV UNIT NO:

2 HIT & RUN: 1 NO / 2 YES

1 DRIVER NAME FIRST MIDDLE & LAST:

4 ADDRESS NO STREET CITY STATE & ZIP:

5 PHONE NO:

6 DATE OF BIRTH: MO DAY YR

7 SEX:

8 DRIVER LICENSE NO:

9 CLASS:

10 RESTRICTIONS:

11 STATE:

12 YEARS DRIVING EXP:

13 DRIVER EDUCATION:

14 INJURY SEV:

15 SAFETY EQPT: 1

16 [illegible]

17 OCC NO: 1

18 SEAT POS: 1

19 AGE: 1

20 SEX: 1

21 EJECTED: 1

22 EXTENT OF EJECTION: 1

23 EJECTED: 1

24 OCCUPANT NAME & ADDRESS:

25 MAKE:

26 MODEL:

27 YR:

28 VEHICLE ID NO:

29 PLATE NO:

30 STATE:

31 YR:

32 VEH TYPE:

33 TOWED TYPE:

34 DAMAGE SEVERITY: 1 Disabling; 2 Functional; 3 Other Veh Damage; 4 No Damage; 5 Unknown

35 VEHICLE REMOVED BY:

36 VEHICLE REMOVED TO:

37 REMOVAL AUTHORITY: 1 Owner; 2 Driver; 3 Officer; 4 Occupant; 5 Other; 6 NA

VEH 1: 01 2

VEH 2:

VEH 1: 07

VEH 2:

VEH 1: 9

VEH 2:

1 ELIMINATION: 1 Daylight 2 Dawn 3 Dusk 4 Dark (Street Lighted) 5 Dark (Street Unlighted) 6 Dark (No Info) 7 Unknown

2 WEATHER: 4 — 1 Clear 2 Cloudy 3 Fogg 4 Raining 5 Snowing 6 Severe Wind 7 Other 8 Unknown

3 SURFACE TYPE: 3 — 1 Concrete 2 Tar & Chip 3 Asphalt Blacktop 4 Gravel 5 Rock 6 Dirt 7 Other

4 ROADWAY SURFACE: 1 — 1 Wet 2 Dry 3 Snow 4 Ice 5 Mud 6 Other 7 Unknown

5 ROAD CONDITION: 1 — 1 No Defects 2 Road Defects 3 Holes, Ruts, Etc 4 Foreign Material 5 Loose Surface Material 6 Obstruction not Lighted 7 Obstruction not Signified 8 View Obstructed 9 Construction/Maintenance

6 ROAD CHARACTER: 5 — 1 Straight & Level 2 Straight & Grade 3 Straight & Hillcrest 4 Curve & Level 5 Curve & Grade 6 Curve & Hill 7 Dip Bridge 8 Other

7 SPEED: 5

J 1 PED NO | 2 PED INDICATOR (1 Pedestrian 2 Participant) | 3 PED NAME | 4 PED BIRTHDATE

5 PED INJ SEV | 6 PED SEX | 7 ADDRESS NO. STREET CITY STATE & ZIP | 8 PHONE NO

9 PED MANEUVER: 1 — 01 Crossing/Entering Roadway at Intersection; 02 Crossing/Entering Roadway not at Intersection; 03 Walking/Riding on Road w/Traffic; 04 Walking/Riding on Road against Traffic; 05 Playing; 06 Standing; 07 Working on/off Vehicle; 08 Pushing/Working on Vehicle; 09 Other Working; 10 Approaching/Leaving School Bus; 11 Approaching/Leaving Other Bus; 12 Other; 13 Unknown

10 PED CONDITION: 1 Apparently Normal 2 Had been Drinking 3 Illegal Drugs 4 Physical Defects 5 Other Handicap 6 Ill 7 Fatigued 8 Apparently Asleep 9 Condition Unknown

11 PED VISIBILITY: 1 Light Clothing 2 Dark Clothing 3 Wore Reflective/Material 4 Wore Light 5 Wore Light Reflector 6 Both Light & Reflector

PEDESTRIAN TRAFFIC CONTROLS

12 Type Indicator

13 Type Indicator: 1 Walk/Don't Walk Signal 2 Push Button Control 3 Crosswalk Marked 4 Stop and Go Crossing Guard 5 Stop and Go Crossing Guard 6 No Control Present

14 PED LOCATION AT TIME OF ACCIDENT: 1 Roadway 2 Curb 3 Sidewalk 4 Off Roadway at Crosswalk 5 Off Roadway not at Crosswalk 6 On Roadway not at Crosswalk 7 School Bus 8 Driveway 9 Unknown

15 BICYCLE MAKE, WHEEL SIZE & OTHER DESCRIPTION

K 1 FIRST AID ADMINISTERED BY: 3 — 1 Policeman 2 Fireman 3 Ambulance Personnel 4 Helicopter Personnel 5 Relatives 6 Other 7 None Administered 8 Unknown

2 EMS REPORT NO: 50552

3 EMS REPORT NO

4 INJURED TAKEN BY: CABIN JOHN PARK VOL. F.D.

5 TO: SUBURBAN HOSPITAL

1 UNIT | 2 CITATION NO: Pending | 3 CHARGE (Yes / Sub Sec) PAID

2 CITATION NO | 3 CHARGE | PAID

2 CITATION NO | 3 CHARGE (Yes / Sub Sec)

1 PHOTO TAKEN: 1 YES 2 NO

2 INVEST D AT SCENE: 1 — 1 YES 2 NO

3 INVEST N COMPLETE: 2 — 1 YES 2 NO

N ALCOHOL TEST: 6 — 1 Veh One 2 Veh Two 3 Breathalyzer 4 Blood 5 Urine 6 Refusal 7 None Offered

O TEST RESULTS: 1 Veh One | 2 Veh Two | 3 Ped

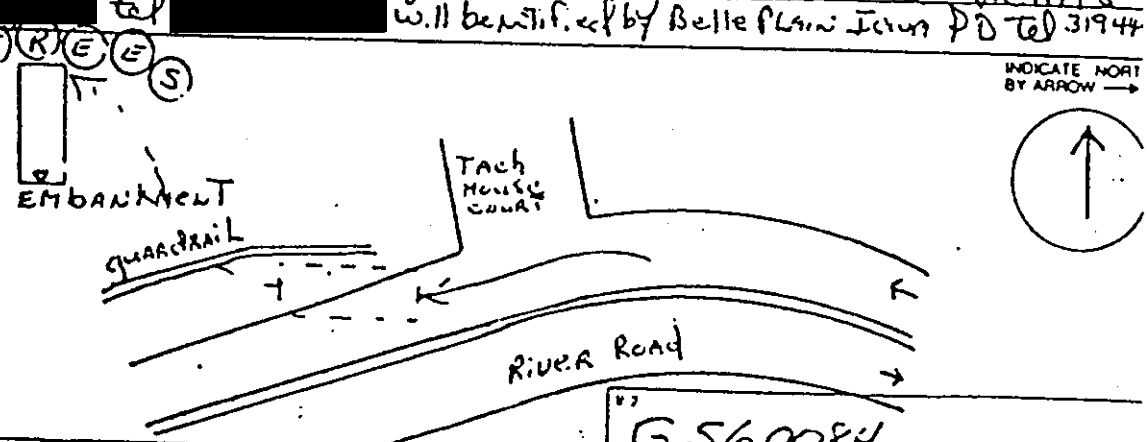
P 1 WITNESS NAME 1: NONE | 2 ADDRESS | 3 PHONE (H)

4 WITNESS NAME 2 | 5 ADDRESS | 6 PHONE (H)

Q 1 DESCRIPTION

PRELIMINARY INVESTIGATION suggest THAT The driver of Veh. #1 lost control of Veh. STRUCK The guard RAIL became airborne, STRUCK A Row of TREES AN was ejected from The Veh [redacted] WAS TRANSPORTED to Suburban Hosp AND is being TREATED for SEVERE back injury To her spine [redacted] W IN coherent AND UNABLE TO be INTERVIEWED RELATIVE To the accident. [redacted] check book showed AN address of [redacted] Potom Md [redacted] Tel [redacted]. CONTACT attempted with negative RESULTS VICTIM'S father [redacted] tel [redacted] will be notified by Belle Plain Town PD Tel 31944

R 1 DIAGRAM



V 2 G560084

5 CAUSE ACCIDENT: 1 PRIMARY 03 | 2 SECONDARY

CONTRIBUTING CIRCUMSTANCE: 3 VEH ONE 03 | 4 VEH TWO

1 INVESTIGATOR: JEROME CARTER

2 [illegible] 9[illegible] | 3 [illegible] | 4 INSTALLATION

22

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION

JEFFREY SCOTT LEE,

Plaintiff

vs.

FORD MOTOR COMPANY, INC., a Delaware Corporation; LYNCH-DAVIDSON MOTORS INC., a Florida Corporation; ALLIED-SIGNAL INC., a Delaware Corporation,

Defendants

CIVIL ACTION NO.
87-D-463-N

FILED

MAY 20 1987

CLERK
U. S. DISTRICT COURT
MIDDLE DIST. OF ALA.

COMPLAINT

1. Jurisdiction is founded on diversity of citizenship and amount in controversy.

(a) Plaintiff is a citizen of the State of Alabama;

(b) Defendant, FORD MOTOR COMPANY, INC., is a corporation incorporated under the laws of the State of Delaware whose prinicpal place of business is located in Dearborn, Michigan;

(c) Defendant, LYNCH-DAVIDSON MOTORS INC., is a corporation incorporated under the laws of the State of Florida whose prinicpal place of business is in Jacksonville, Florida;

(d) Defendant, ALLIED-SIGNAL INC., is a corporation incorporated under the laws of the State of Delaware whose principal place of business is in Morristown, N. J.;

(e) The amount in controversy exceeds Ten Thousand ($10,000.00) Dollars, exclusive of costs and interest.

2. On or about November 17, 1985, Plaintiff was the driver of a Ford automobile; make: Ford, model: LTD, year: 1977, VIN: 7U63H114274, Body type: 4 door (hereinafter referred to as Ford LTD). On the aforesaid date, in Dale County, Alabama, on State Highway 134 West, the Ford LTD left the roadway and Plaintiff was caused to suffer serious bodily injury resulting from failure of the seat belt installed in the Ford LTD.

3. Plaintiff avers that on and prior to November 17, 1985, the Defendants, FORD MOTOR COMPANY, INC., LYNCH-DAVIDSON MOTORS INC. and ALLIED-SIGNAL INC., were engaged in the business of designing, manufacturing, installing, testing, supplying, marketing, distributing, selling and/or otherwise providing for use to the general public of the United States of America including, but not limited to, the general public of Dale County, Alabama, Ford motor vehicles and/or seat belts. Plaintiff further avers that sometime prior to the incident made the basis of this suit, Defendants, for a valuable consideration, designed, installed, manufactured, tested, sold, supplied, marketed, distributed and/or otherwise provided for use to Plaintiff the Ford LTD and/or seat belt made the basis of this suit. Plaintiff avers that he was a member of the general public for whose use said Ford LTD and/or seat belt was intended by said Defendants and he was the ultimate user or consumer.

4. Plaintiff alleges that Defendant, ALLIED-SIGNAL INC., is liable as the successor corporation of ALLIED CORPORATION, formerly named ALLIED CHEMICALS CORPORATION.

5. Plaintiff avers that said Ford LTD and/or seat belt was not reasonably safe while being used in a foreseeable manner and/or when put to its intended, ordinary and customary use, but to the contrary, was inherently or imminently dangerous to human life or health while being used. Plaintiff further avers that said Defendants, FORD MOTOR COMPANY, INC., LYNCH-DAVIDSON MOTORS INC., and ALLIED-SIGNAL INC., knew or in the exercise of reasonable care should have known and/or could have reasonably anticipated, that the Ford LTD and/or seat belt was, in fact, inherently or imminently dangerous to human life and health when being used as aforesaid.

6. Plaintiff avers that the Defendants, FORD MOTOR COMPANY, INC., LYNCH-DAVIDSON MOTORS INC. and ALLIED-SIGNAL INC., are liable to Plaintiff under the Alabama Extended Manufacturer's Liability Doctrine.

7. Plaintiff avers that the Defendants, FORD MOTOR COMPANY, INC., LYNCH-DAVIDSON MOTORS INC. and ALLIED-SIGNAL INC., negligently and/or wantonly designed, manufactured, installed, tested, supplied, marketed, distributed, sold and/or otherwise provided for use to the general public the Ford LTD and/or seat belt made the basis of this suit.

8. Plaintiff avers that the Defendants, FORD MOTOR COMPANY, INC., LYNCH-DAVIDSON MOTORS INC. and ALLIED-SIGNAL INC., negligently and/or wantonly failed to warn and/or failed to adequately warn Plaintiff and/or the general public of the imminent dangers in the operation and use of the Ford LTD and/or seat belt.

9. Plaintiff avers that the Defendant, FORD MOTOR COMPANY, INC., negligently and/or wantonly failed to properly install the seat belt in the Ford LTD made the basis of this suit.

10. Plaintiff avers that the Defendants, FORD MOTOR COMPANY, INC., LYNCH-DAVIDSON MOTORS INC. and ALLIED-SIGNAL INC., expressly and/or impliedly warranted that the Ford LTD and/or seat belt was merchantable and/or fit for the ordinary purposes for which it was intended or for which it was to be used. Plaintiff avers that said Ford LTD and/or seat belt was not merchantable and/or fit for the ordinary purpose for which it was intended or for which it was to be used; to the contrary, said Ford LTD and/or seat belt was imminently or inherently dangerous and unsafe for human life and health when being so used. Plaintiff avers that said Defendants breached their warranties.

11. Plaintiff, JEFFERY SCOTT LEE, avers that the aforesaid breach of legal duties and/or negligence and/or wantonness of the Defendants combined and concurred and, as a result of said combining and concurring breach of legal duties and/or negligence and/or wantonness, Plaintiff, JEFFERY SCOTT LEE, was injured and damaged as follows:

(a) He suffered a cervical fracture and dislocation at C4-5 with cervical cord contusion and quadriplegia below the C5 level;

(b) He is permanently and totally injured and/or disabled;

(c) He has suffered great physical pain and mental anguish and continues to suffer physical pain and mental anguish and will be caused in the future to suffer physical pain and mental anguish;

(d) He has been caused to lose time from work and a corresponding loss of income, and will in the future lose time from work and a corresponding loss of income;

(e) He has been caused to be treated by various doctors and hospitals, and will continue to be treated by various doctors and hospitals;

(f) He was caused to be hospitalized for a long period of time and his injuries will require further hospitalization in the future;

(g) He has been caused to incur medical expenses in and about his efforts to heal and cure his said injuries, and will incur additional medical expenses in the future.

WHEREFORE, Jeffrey Scott Lee, as Plaintiff, demands

judgment against the Defendants in the sum of Five Million and 00/100 ($5,000,000.00) Dollars and costs.

STEVEN D. TIPLER
Attorney for Plaintiff

FOR THE FIRM:

STEVEN D. TIPLER
ATTORNEY AT LAW
Eighth Floor, Farley Building
1929 Third Avenue North
Birmingham, Alabama 35203
(205) 328-6800

PLAINTIFF DEMANDS A TRIAL BY STRUCK JURY IN THIS CAUSE.

STEVEN D. TIPLER

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

Accident No.

To Be Used By Data Processing Only — Sheet 1 of 1 Sheet(s) — Microfilm No. ______ Local Case No.

Date	Time	Day of Week	County	City	Rural	Highway Classification	Local Zone
17 85	2:30 (AM) PM MT	M T W TH F S (S)	26	NEWTON		I—Interstate (S)—State F—Federal C—County M—Municipal P—Private Prop. O—Other	

On Road or Highway	At Intersection of or Between (Node 1)	And (Node 2)
HWY 134 WEST	BRIDGE	CITY LIMITS
S134 — Street or Road Code	54 — 1 2 Node Code	56 — 0.03 Feet/Miles From (1) or 2 Node (Circle One)

Intersection Related	Mile Post	Control Access Hway Loc	Prime Contr Circms	Prime Contr Unit No
1 - Node 1 2 - Node 2 (N) Not Int Related	0.00	(1) Main Rd 2 - Frontage Rd 3 - Interchange 4 - Entrance Ramp 5 - Exit Ramp 6 - N/A	27	1

First Harmful Event	Event Location	Distance to Fixed Object	No. of Vehicles	No. Pedestrians	No. Injured	No. Fatalities	Unit 1 Type	Unit 2 Type
74	2	30 FT.						

01 - Overturned 02 - Fire/Explosion 03 - Immersion 04 - Gas Inhalation
NONCOLLISION EVENT 05 - Spill 06 - Road/Bridge Collapsed 07 - Jackknifed
08 - Parts/Cargo Fell From Moving Vehicle 09 - Trailer Hitch Came Loose 12 - Other
15 - Pedestrian(s) 20 - Non-parked Vehicle 30 - Parked Vehicle 35 - Train 40 - Pedal Cyclist 45 - Animal 51 - Guardrail 52 - Crash Cushion 53 - Utility Pole 54 - Non-breakaway Light 55 - Tree 56 - Fire Hydrant 57 - Pier or Column 59 - Non breakaway Sign 60 - Traffic Sign Post
COLLISION EVENT 61 - Mailbox(es) 62 - Gas Line 63 - Barricade 64 - Highway Structure 65 - Culvert Headwall 66 - Curbing 67 - Retaining Wall 68 - Median Barrier 69 - Stone Sideslope 70 - Earth Sideslope 71 - Building 72 - Fence 73 - Boulder 74 - Ditch
75 - Overpass/Underpass 76 - Other Fixed Object 77 - Breakaway Sign 78 - Manhole 79 - Telephone Booth 80 - Guy Wire 81 - Breakaway Light 82 - Overhead Wire/Lines 83 - Railroad Sign 84 - Bridge Abutment 87 - Animal with Rider 90 - Foreign Material in Road 93 - Pothole 97 - None 98 - Other

Unit 1

Driver Full Name: [redacted] Street Address: [redacted] City and State: DALEVILLE AL. ZIP: [redacted] Telephone No. [redacted]

DOB: 02 20 65 (Month Day Year) Race: W Sex: M DL State: AL Driver License No. [redacted] DL Type: O DL Status: C Restriction Complied With: Yes No NA Unk DL Restrictions: A Residence Less Than 25 Miles: (Yes) No

Place of Employment: STUDENT Liability Insurance Co.: FARM BUREAU Social Security No. [redacted]

Driver Condition: 1 - No Defect 2 - Apparently Asleep 3 - Fatigued 4 - Ill 8 - Other 9 - Unknown — Sobriety — Officer's Opinion: Alcohol: (Yes) No Unk Drugs: Yes No (Unk) — Type Test Given: (1) Blood Test 2 - Breath Test 3 - Urine Test 4 - Unable to Administer 5 - Refused Test 9 - No Test — Test Results: .024

Maneuver	Travel Road Name	Road Code	Travel Direction	Other Contr Circumstance	Prime Harm Event	Event Loc
01	HWY 134 WEST	S134	N E S (W) A-Not on Rd U-Unk	15, 27	74	2

Veh Year	Make	Model	Body	V.I.N.	License Tag Number	State	Year
1977	FORD	LTD	4DR	7U63H114274	[redacted]	AL	86

Owner's Name: SAME Street or R.F.D. City State ZIP

Type: (1) Auto 2 - StaWagon 3 - Pick Up 4 - Van 5 - Truck Tractor 6 - Other Truck 7 - Comm Bus 8 - School Bus 9 - Other Bus 10 - Motorcycle 11 - Moped 12 - M Scooter 13 - Pedal Cycle 14 - Farm Mach. 15 - Train 16 - Road Equip. 17 - Ridden Animal 18 - M Home (R.V.) 98 - Other

Usage: (1) Personal 2 - Driver Trng. 3 - Construction 4 - Ambulance/Paramedical 5 - Military 6 - Taxi 7 - Transport Property 8 - Agriculture 9 - Wrecker/Tow 10 - Police 11 - Other Business 12 - Bus/Pass. Transport. 13 - Fire Fighting 98 - Other

Hazardous Cargo: (1) None 2 - Explosive 3 - Gas 4 - Flam/Combust Liq. 5 - Flammable Solids 6 - Oxidizer/Peroxide 7 - Poison 8 - Radioactive Matl. 9 - Corrosive Material 98 - Other

Attachment: (1) None 2 - Mobile Home 3 - Tractor Trailer 4 - Utility Trailer 5 - 4-Wheel Trailer 6 - Boat Trailer 7 - Camper Trailer 8 - Towed Vehicle 9 - Petroleum Tank. 10 - Pole Trailer 98 - Other
Oversized Load (Req. Permit): Yes No (NA) If Yes, Did Owner Have Permit? Yes No (NA)

Contributing Defect: (97) None 1 - Brakes 2 - Steering 3 - Power Plant 4 - Suspension 5 - Tires 6 - Exhaust 7 - Lights 8 - Turn Signal 9 - Windows/W. Shield 10 - Restraint Sys. 11 - Wheels 12 - Truck Coupling 13 - Cargo 14 - Fuel System 98 - Other 99 - Unknown

Circle Areas Damaged On Diagram: (10) Under Carriage (1) (2) 3 4 5 (6) (7) (8) (9) 11 Attachment 95 N/A — Enter Point of Initial Impact — 10

Speed Limit: 55 MPH Est Speed: 50 MPH Citation Offense Charged: — Damage Severity: 1 - None Visible 2 - Not Disabled (3) Disabled — Vehicle Towed Away? (Yes) No — Occupants in Unit: 1 — Total Injuries in Unit

Vehicle Towed By Whom: BLACKMONS WRECKER SERVICE To Where: BLACKMONS BODY SHOP

Unit 2

Driver/Pedestrian Full Name — Street Address — City and State — ZIP — Telephone No.
DOB (Month Day Year) Race Sex DL State Driver License No. DL Type DL Status Restriction Complied With: Yes No NA Unk DL Restrictions Residence Less Than 25 Miles: Yes No
Place of Employment — Liability Insurance Co. — Social Security No.
Driver/Ped Condition: 1 - No Defect 2 - Apparently Asleep 3 - Fatigued 4 - Ill 8 - Other 9 - Unknown — Sobriety — Officer's Opinion: Alcohol: Yes No Unk Drugs: Yes No Unk — Type Test Given: 1 - Blood Test 2 - Breath Test 3 - Urine Test 4 - Unable to Administer 5 - Refused Test 9 - No Test — Test Results
Maneuver/Action — Travel Road Name — Road Code — Travel Direction N E S W A-Not on Rd U-Unk — Other Contr Circumstance — Prime Harm Event — Event Loc
Veh Year Make Model Body V.I.N. License Tag Number State Year
Owner's Name Street or R.F.D. City State ZIP

Type: 1 - Auto 2 - StaWagon 3 - Pick Up 4 - Van 5 - Truck Tractor 6 - Other Truck 7 - Comm Bus 8 - School Bus 9 - Other Bus 10 - Motorcycle 11 - Moped 12 - M Scooter 13 - Pedal Cycle 14 - Farm Mach. 15 - Train 16 - Road Equip. 17 - Ridden Animal 18 - M Home (R.V.) 98 - Other
Usage: 1 - Personal 2 - Driver Trng. 3 - Construction 4 - Ambulance/Paramedical 5 - Military 6 - Taxi 7 - Transport Property 8 - Agriculture 9 - Wrecker/Tow 10 - Police 11 - Other Business 12 - Bus/Pass. Transport. 13 - Fire Fighting 98 - Other
Hazardous Cargo: 1 - None 2 - Explosive 3 - Gas 4 - Flam/Combust Liq. 5 - Flammable Solids 6 - Oxidizer/Peroxide 7 - Poison 8 - Radioactive Matl. 9 - Corrosive Material 98 - Other
Attachment: 1 - None 2 - Mobile Home 3 - Tractor Trailer 4 - Utility Trailer 5 - 4-Wheel Trailer 6 - Boat Trailer 7 - Camper Trailer 8 - Towed Vehicle 9 - Petroleum Tank. 10 - Pole Trailer 98 - Other
Oversized Load (Req. Permit): Yes No NA If Yes, Did Owner Have Permit? Yes No NA
Contributing Defect: 97 - None 1 - Brakes 2 - Steering 3 - Power Plant 4 - Suspension 5 - Tires 6 - Exhaust 7 - Lights 8 - Turn Signal 9 - Windows/W. Shield 10 - Restraint Sys. 11 - Wheels 12 - Truck Coupling 13 - Cargo 14 - Fuel System 98 - Other 99 - Unknown
Circle Areas Damaged On Diagram: 10 Under Carriage 1 2 3 4 5 6 7 8 9 11 Attachment 95 N/A — Enter Point of Initial Impact
Speed Limit MPH Est Speed MPH Citation Offense Charged — Damage Severity: 1 - None Visible 2 - Not Disabled 3 - Disabled — Vehicle Towed Away? Yes No — Occupants in Unit — Total Injuries in Unit
Vehicle Towed By Whom — To Where

Codes

Contributing Circumstances: 01 - Improper Passing 02 - Improper Lane Change 03 - Improper Turn/U Turn 04 - Tailgating 05 - Misjudge Stopping Dist 06 - Over Speed Limit 07 - Avoid Object/Person 08 - Unseen Object/Person 09 - Improper Backing 10 - Imp Traffic Control 11 - Improper Signing 12 - Fail to Heed Sign 13 - Improper Driving Environ 14 - Road Defect 15 - Vision Obstruction 16 - Defective Equipment 17 - DUI 18 - Under Min Speed 19 - Improper Load/Size 20 - Improper Attachment 21 - Fail to Yield Right of Way 22 - Driver Condition 23 - Wrong Side of Road 24 - Veh Pushed by Veh 25 - Veh Pushed by Prsn 26 - Veh Left Road 27 - Unrestrained in Control 28 - Load Shift 29 - Parts/Cargo from Veh 30 - Ped Violation 31 - Veh Wgt/Hgt/Length 97 - None 98 - Other 99 - Unknown

Driver Maneuver: 01 - Go Straight Ahead 02 - Pass on Left 03 - Pass on 1 Way Street 04 - Pass on Right 05 - Go Straight—Left Turn Lane 06 - Go Straight—Right Turn Lane 07 - Change Lanes—Left 08 - Change Lanes—Right 09 - Merge—Left 10 - Merge—Right 11 - Wrong Side of Road 12 - Wrong Way—1-Way 13 - Right Turn 14 - Left Turn 15 - U-Turn 16 - Start from Park 17 - Start in Traffic 18 - Slowing/Stopping 19 - Stopped in Traffic 20 - Avoid Object in Road 60 - PedCyc Ride with Traffic in Road 61 - PedCyc Ride with Traffic off Road 62 - PedCyc Ride Against Traffic in Rd 63 - PedCyc Ride Against Traffic off Rd 64 - PedCyc Ride Across Road 65 - PedCyc Ride in Bike Path 70 - Enter Parked Position 71 - Parked—Legally 72 - Parked—Illegally 81 - Backing 86 - Pushed By Vehicle 87 - Pushed By Pedestrian 98 - Other 99 - Unknown

Pedestrian Action: 01 - Cross/Enter—Intersection 02 - Cross/Enter—Other 03 - Walk in Road—With Traffic 04 - Walk in Road—Against Traffic 05 - Stand in Roadway 06 - Get on/off Vehicle 07 - Push/Work on Vehicle 08 - In Road—Other Work 09 - In Road—Playing 10 - In Road—Other 11 - Not in Road 98 - Other 99 - Unknown

Event Loc: 1 - On Roadway 2 - Off Roadway 3 - Median 4 - Driveway 5 - Private Road 6 - In Intersection

Unit 1 — Other Involved Unit (Circle One): 12 - Pedestrian; 13 - Rider of Domestic Animal; 14 - Occ. of Non-Motorized Vehicle; 15 - Victim of Other Circumstance/Codes Not Applicable

Other Involved Safety Equipment: 95

Unit 2 — Other Involved Unit (Circle One): 12 - Pedestrian; 13 - Rider of Domestic Animal; 14 - Occ. of Non-Motorized Vehicle; 15 - Victim of Other Circumstance/Codes Not Applicable

Other Involved Safety Equipment:

CODES

SAFETY EQUIPMENT

01 - None Installed; 05 - Not Applicable; 09 - Unknown (Any Type)

Lap Belt Only: 11 - Fastened; 12 - Not Fastened

Lap/Shoulder Harness: 21 - Lap Only Used; 22 - Neither Used; 23 - Shoulder Only Used; 24 - Both Used

Motorcycle Safety: 31 - None Used; 32 - Used/No Eye Protector; 33 - Used/Eye Protector

Passive Restraints: 41 - Air Bag Deployed; 42 - Air Bag Inoperative; 71 - Auto Restraint Used; 72 - Auto Restraint Inoperative

Child Restraints: 81 - Child Restraint Used; 82 - Other Restraint Used; 83 - None Used

Pedal Cycle/Pedestrian: 91 - Contrasting Clothing; 92 - Non-contrasting Clothing

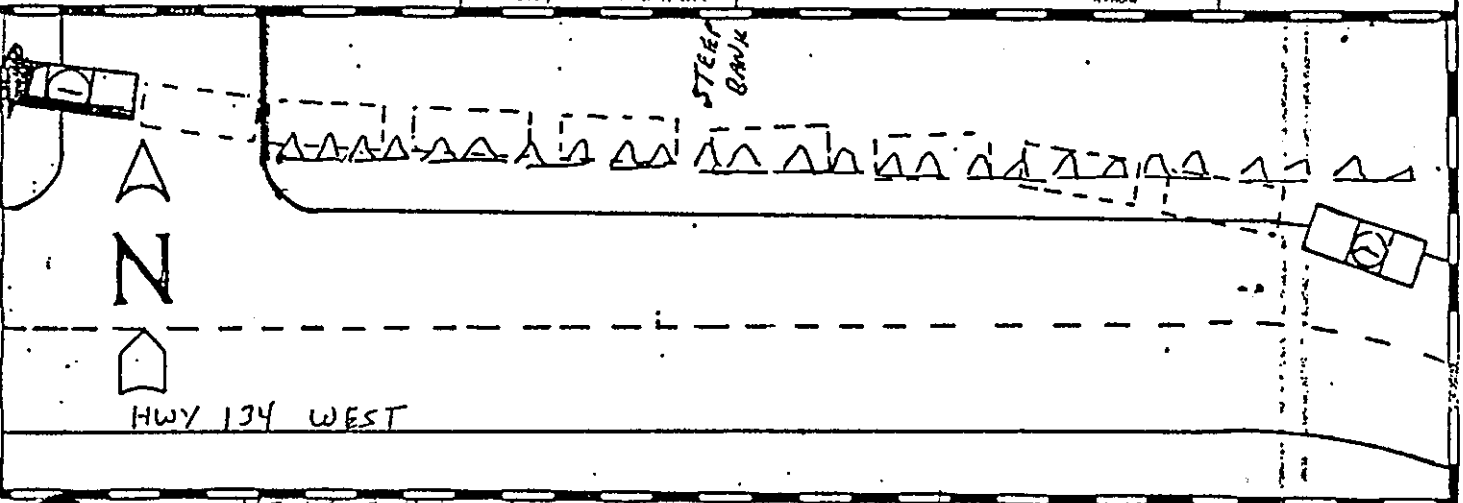
Name	Address	Unit No	Seat Pos	Injury Type	Age	Sex	Ejection	First Aid By
[redacted]	[redacted] DALEVILLE AL.	1	1	B	20	M	T	A

Taken To: ARMY LISTER HOSPITAL — Taken By: FORT RUCKER AL. DALE COUNTY RESCUE 1

Injury Type: K - Killed; B - Bruise/Abrasion/Swelling; C - Visible or Carried from Scene; I - No Visibility—Has Pain/Fear

Ejected: N - Not; F - Fully; P - Partially; T - Trapped; U - Unknown; A - Not Applicable

First Aid By: M - Paramedic; A - Ambulance Attended; D - Doctor; O - Other; P - Police; U - Unknown; N - None



Brief Description of What Happened: VEHICLE #1 LEFT THE ROAD IN A CURVE IN THE FOG. VEHICLE #1 WAS RIDING AT AN ANGLE ON A STEEP BANK THEN WENT ACROSS A DIRT ROAD HITTING A SMALL HILL OF DIRT COMING TO A REST AND SUBJECT WAS TRAPPED IN VEHICLE. DARK AREA IS DAMAGE TO VEHICLE. THIS DIAGRAM IS NOT TO SCALE

For Each Roadway Environment Field, Circle One Entry For Each Involved Unit:

Unit 1 [X] Unit 2 [ ]

Contributing Road Defects: (1) 1 - Shoulders Low; 2 - Shoulders High; 3 - Holes, Bumps, Etc.; 4 - None; 8 - Other

Surface Construction: (1) 1 - Asphalt; 2 - Concrete; 3 - Brick; 4 - Unpaved; 8 - Other

Condition: 1 - Dry; (2) 2 - Wet; 3 - Icy; 4 - Snowy/Slushy; 5 - Muddy; 8 - Other

Accident in or Related to Road Construction Zone? Yes / Yes; (No) / No

Material in Roadway (Contributing): (1) 1 - None; 2 - Rocks; 3 - Trees/Limbs; 4 - Dirt; 5 - Gravel; 6 - Oil/Petrol; 8 - Other

Material Source: (1) 1 - Not Applicable; 2 - Natural Environment; 3 - Dropped From Vehicle; 4 - Already In Road, But Fell From Vehicle; 9 - Unknown

Character: 1 - Straight—Level; 2 - Straight—Down Grade; 3 - Straight—Up Grade; 4 - Straight—Hillcrest; (5) 5 - Curve—Level; 6 - Curve—Down Grade; 7 - Curve—Up Grade; 8 - Curve—Hillcrest

Vision Obscured By: 97 - Not Obscured; 1 - Buildings; 2 - Signboard; 3 - Trees, Crops, Bushes; 4 - Blowing Snow/Sand; 5 - Hillcrest; 6 - Curve in Road; (7) 7 - Fog; 8 - Parked Vehicle; 9 - Moving Vehicle(s); 10 - Blinded by Sunlight; 11 - Fire/Smoke; 12 - Dust; 13 - Blinded by Headlights; 14 - Embankment; 15 - Rain on Windshield; 16 - Snow on Windshield; 98 - Other; 99 - Unknown

Traffic Control: 1 - Police Officer; 2 - R.R. Crossing Gates; 3 - R.R. Flashing Lights; 4 - R.R. Cross Bucks/Pave. Mark; 5 - Pedestrian Control; 6 - Traffic Signal; 7 - Flashing Beacon; 8 - Stop Sign; 9 - Yield Sign; 10 - Lane Control Device; 11 - Flagger; 12 - No Passing Zone; (97) 97 - None; 98 - Other

Control Functioning: Yes / Yes; No / No; (N/A) / N/A

Opposing Lanes Separated By: (97) 97 - None; 1 - Paved Surface; 2 - Unpaved Surface; 3 - Single Painted Stripe; 4 - Double Painted Stripe; 5 - Concrete Barrier; 6 - Metal Guard Rail; 7 - Fence; 98 - Other Barrier

Roadway Lanes: 1 - One Lane; (2) 2 - Two Lanes; 3 - Three Lanes; 4 - Four Lanes; 5 - Five Lanes; 6 - Six Lanes or More

One-Way Street: Yes / Yes; (No) / No

Light: 1 - Daylight; 2 - Dawn; 3 - Dusk; (4) 4 - Darkness—Road Not Lit; 5 - Darkness—Road Lit

Weather: 1 - Clear; 2 - Cloudy; 3 - Rain; 4 - Snow; 5 - Sleet/Hail; 6 - Crosswind; (7) 7 - Fog; 8 - Other

Locale: (1) Open Country; 2 - Residential; 3 - Shop'g or Business; 4 - Mfg. or Industrial; 5 - School; 6 - Playground; 8 - Other

Non-Vehicular Property Damage: (1) 1 - None Visible; 2 - Light; 3 - Moderate; 4 - Severe

Property Damage Description:

Owner: NONE

Address:

Time Police Notified	Time Police Arrived	Time EMS Arrived	Name of Photographer
(AM) PM 3:20 MT	(AM) PM 3:20 MT	(AM) PM 3:28 MT	NONE

Witness Full Name	Address	Telephone
NONE		
[redacted]		

Name of Investigating Officer	Officer ID	Agency ORI	Supervisor Reviewed
VIRGIL DOBBS	502	0260500	
Name of Other Officer(s) at Scene: MARLIN PHILLIPS	501	0260500	

The data on this report reflects my best knowledge, opinion and belief covering the accident, but no warranty is made as to the factual accuracy thereof.

Signature of Investigating Officer: Virgil Dobbs Jr. Date: 11-17-85

FORENSIC SCIENCES

Carlos L. Rebren, Auburn
Director

Case No. 86-00235

Agency No.	County No.	Day and Date	Office
AL0260500	26	Fri. 11/22/85	Auburn

Suspect(s)	Race	Sex	D.O.B.	Subject(s)	Race	Sex	D.O.B.
[redacted]	W	M	[redacted]				

Chain of Custody

ed Name	Signature	Date	Time	Agency	Location
[redacted]	via mail	xx	xx	PD	xx
[redacted]	[redacted]	11/22/85	1630	FS	AB Lab

Other Information

ested

Description of Evidence Received by Laboratory and Laboratory Results

One sealed cardboard box containing one approximately 7 ml clear lass tube with a gray rubber stopper sealed with parafilm. The ube is labeled "0450 17 Nov 85 [redacted] Pt unable to sign name due to injury Witnesses: #1 (illegible) #2 SP4 West, Mary K90" and is nearly filled with blood.

LABORATORY RESULTS:

Laboratory analyses reveal the blood specimen to contain 0.02% ethyl alcohol.

Toxicological analyses reveal the blood specimen to be negative for methaqualone and other basic drugs and for barbiturates and other acidic and neutral drugs.

/jmf

Report To: Name and Address

f Merlin Phillips
ol lice Department
. Box 490
on, AL 36322

Laboratory Investigator

Signature: Laura T. Shevlin

Printed Name and Title: Laura T. Shevlin, Toxicologist

Date Reported: December 4, 1985

Time Reported: 0830 hours

LAW OFFICES OF RONALD E. FAULK
2960 WILSHIRE BLVD., 2nd FLOOR
LOS ANGELES, CA 90010
TELEPHONE: (213) 487-7695
FAX : (213) 487-0320

Attorney for Plaintiff
JAMES M. MACRIS

ORIGINAL FILED
SEP 11 1989
COUNTY CLERK

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF LOS ANGELES

JAMES M. MACRIS, Plaintiff , vs. FORD MOTOR COMPANY, TRW INC., DOES 1 THROUGH 50, INCLUSIVE, Defendants.	CASE NO. NYC 22873 COMPLAINT FOR: 1). NEGLIGENCE 2). STRICT PRODUCT LIABILITY 3). FAILURE TO WARN

COMES NOW, plaintiff, JAMES M. MACRIS, of and for a FIRST CAUSE OF ACTION against defendants FORD MOTOR COMPANY, TRW INC., and DOES 1 through 50, inclusive, and each of them, for NEGLIGENCE, and alleges:

1). The true names or capacities, whether individual, corporate, associate, partnership, or otherwise of defendants, DOES 1 through 50, inclusive, are unknown to plaintiff who therefore sues said defendants by such fictitious names. Plaintiff is informed and believes and thereon alleges that each of the defendants designated herein as a DOE is negligently or in some other actionable manner

responsible for the events and happenings herein referred to and negligently or in some other manner caused injury and damages proximately thereby to the plaintiff as herein alleged. Plaintiff will ask leave of court to amend this complaint to show the true capacity of said defendants when the same has been ascertained.

2). Plaintiff is informed and believes and thereon alleges that defendant, FORD MOTOR COMPANY ("FORD"), is and at all times herein mentioned was, a corporation duly organized and existing under and by virtue of the laws of the State of Delaware, and doing business in California with a principal office in the County of Los Angles, State of California.

3). Plaintiff is informed and believes and thereon alleges that defendant, TRW INC. ("TRW"), is and at all times herein mentioned was, a corporation duly organized and existing under and by virtue of the laws of the State of Ohio, and doing business in California with a principal office in the County of Los Angles, State of California.

4). At all times herein mentioned, each of the defendants was the agent and/or employee of each of the remaining defendants and was at all times acting within the purpose and scope of said agency and employment.

5). Plaintiff is informed and believes and thereupon alleges that the acts complained of herein, done by any employee of said defendants, were authorized and ratified by the defendants, and each of them. Any such acts allegedly

done by a corporate employee were made by, or on the part of, an officer, director, or managing agent of the corporation, or were made with advance notice to the defendant corporation, or were authorized or ratified by an officer, director or managing agent of the said corporate defendant, so that the acts of any corporate employee were the acts of the said corporate defendants.

6). At all times herein mentioned, defendants FORD and TRW, and DOES 1 through 10, inclusive, and each of them, were engaged in the manufacturing, designing, testing, processing, installation, repairing, reconditioning, distributing, supplying, producing, licensing, labeling, packaging, marketing, selling and introduction into interstate commerce, storing, advertising, and distributing a motor vehicle and its component parts for use of the general public.

7). On or about September 14, 1988, plaintiff was using said product,one 1988 Ford Ranger pick-up truck and its component parts, manufactured, designed, tested, assembled, processed, installed, repaired, reconditioned, distributed, supplied, produced, licensed, labeled, packaged, marketed, or introduced by the defendants, and each of them, including the product which plaintiff was using, for ultimate distribution to the public, and plaintiff as aforesaid. Said product was being used by the plaintiff in the County of Los Angeles, State of California, for the purpose for which it was intended to be used by the said defendants, and each of them. At all times herein mentioned, the defendants, and

each of them, carelessly, negligently and unlawfully designed, assembled, manufactured, tested, processed, installed, repaired, reconditioned, distributed, supplied, produced, labeled, packaged and marketed said product and its components parts.

8). Said product and its component parts were unsafe, unfit and unwholesome for use by the plaintiff, in that the motor vehicle and its component parts, including the seat belts therein, failed or otherwise gave way, permitting the plaintiff to be thrown from the vehicle during an accident.

9). As a proximate result of the said conduct of the defendants, and each of them, the plaintiff was hurt and injured in plaintiff's health, strength, and activity, sustaining injury to plaintiff's body and shock and injury to his nervous system and person, all of which said injuries have caused and continue to cause plaintiff great mental, physical and nervous pain and suffering. Plaintiff is informed and believes and thereon alleges, that said injuries will result in some permanent disability to said plaintiff, all to his general damages according to proof.

10). As a further proximate result of the said conduct of the defendants, and each of them the plaintiff was required to and did employ physicians and surgeons to examine, treat and care for plaintiff and plaintiff did incur medical and incidental expense. The exact amount of each expense is unknown to said plaintiff at this time, and plaintiff will ask leave to amend plaintiff's pleading to set

forth the exact amount thereof when the same is ascertained.

11). As a further proximate result of the said conduct of the defendants, and each of them, plaintiff was prevented from attending to plaintiff's usual occupation, and said plaintiff is informed and believes and thereon alleges, that plaintiff is informed and believes and thereon alleges, that plaintiff will thereby be prevented from attending to said usual occupation for a period in the future.

COMES NOW, plaintiff, of and for a SECOND CAUSE OF ACTION against defendants FORD, TRW, and DOES 1 through 50, inclusive, and each of them, for STRICT PRODUCTS LIABILITY, and alleges:

12). Plaintiff incorporates herein all allegations of Paragraphs 1 through 8, inclusive, of the FIRST CAUSE OF ACTION as though fully set forth herein.

13). At all times herein mentioned, defendants, and each of them, owned, maintained, serviced, leased, repaired, reconditioned, manufactured, distributed, wholesaled, designated, and supplied said product and its component parts, including the seat belts and safety equipment located therein.

14). On or about September 14, 1988, the aforementioned product was is use by Mygrant Glass Company, 1680 North Miller Avenue, Los Angeles, California, and by plaintiff in the performance of his job duties at Mygrant Glass Company.

15). That said product reached plaintiff without substantial change in its condition, or with changes made by

defendants, and each of them, or which changes and modifications were approved by defendants, and each of them.

16). The product, and all of its parts, were being used in a reasonably foreseeable manner and in the manner intended to be used.

17). Defendants, and each of them, knew that the product and its parts would be used without inspection for defects by the user.

18). The product, and its parts, were defective and unsafe for their reasonably foreseeable uses, in that the seat belts were inadequately designed, manufactured, installed, maintained, or repaired while said product was in operation and use, and the aforesaid defects proximately caused injuries and damages to plaintiff as herein alleged.

19). At all times herein mentioned, the defendants, and each of them, knew that if said product was to be used by the general public, and knew that if said product, or any component part thereof was improperly designed, manufactured, tested, processed, installed, repaired, reconditioned, distributed, supplied, produced, labeled, packaged, marketed, wholesaled, assembled, inspected, or was defective in any manner, said product would become dangerous and unsafe for the use for which it was intended.

20). Plaintiff was not aware of the aforementioned defects at any time prior to the injury which occurred on the date herein mentioned.

21). As a proximate result of the said conduct of the

defendants, and each of them, the plaintiff was hurt and injured in plaintiff's health, strength, and activity, sustaining injury to plaintiff's body and shock and injury to his nervous system and person, all of which said injuries have caused and continue to cause plaintiff great mental, physical and nervous pain and suffering. Plaintiff is informed and believes and thereon alleges, that said injuries will result in some permanent disability to said plaintiff, all to his general damages according to proof.

22). As a further proximate result of the said conduct of the defendants, and each of them the plaintiff was required to and did employ physicians and surgeons to examine, treat and care for plaintiff and plaintiff did incur medical and incidental expense. The exact amount of each expense is unknown to said plaintiff at this time, and plaintiff will ask leave to amend plaintiff's pleading to set forth the exact amount thereof when the same is ascertained.

23). As a further proximate result of the said conduct of the defendants, and each of them, plaintiff was prevented from attending to plaintiff's usual occupation, and said plaintiff is informed and believes and thereon alleges, that plaintiff is informed and believes and thereon alleges, that plaintiff will thereby be prevented from attending to said usual occupation for a period in the future.

COMES NOW, plaintiff, of and for a THIRD CAUSE OF ACTION against defendants FORD, TRW, and DOES 1 through 50, inclusive, and each of them, for FAILURE TO WARN, and

alleges:

24). Plaintiff incorporates herein all allegations of Paragraphs 1 through 8, inclusive, of the FIRST CAUSE OF ACTION as though fully set forth herein.

25). Said products were in a dangerous and defective condition when introduced into the stream of commerce by the defendants, and each of them, in that the defective condition caused, allowed, and/or permitted the seat belts to give way, become unfastened, or otherwise fail, thereby causing plaintiff to be thrown from the motor vehicle causing the serious and permanent injuries to the plaintiff as more fully set forth herein.

26). The above facts were known to the defendants, and each of them, and in this matter defendants possessed special knowledge of the materials, design, and character of the product, and its foreseeable use. Plaintiff at no time had any special knowledge and at no time was aware that said product was dangerous and defective as aforesaid. The defendants, notwithstanding their special knowledge of the product and its dangerous characteristics, still caused and allowed the product to be manufactured, sold, distributed, and marketed to plaintiff's employer.

27). Although possessed of special knowledge of the dangerous and defective condition and dangerous propensities of said products, defendants, and each of them, carelessly and recklessly failed to warn plaintiff or plaintiff's employer of the dangerous and defective condition of said

products, nor did defendants take any corrective action to correct and/or repair said defective condition in said products though possessed with the knowledge of said defect after its manufacture, sale, and distribution to plaintiff's employer.

28). As a proximate result of the said conduct of the defendants, and each of them, the plaintiff was hurt and injured in plaintiff's health, strength, and activity, sustaining injury to plaintiff's body and shock and injury to his nervous system and person, all of which said injuries have caused and continue to cause plaintiff great mental, physical and nervous pain and suffering. Plaintiff is informed and believes and thereon alleges, that said injuries will result in some permanent disability to said plaintiff, all to his general damages according to proof.

29). As a further proximate result of the said conduct of the defendants, and each of them the plaintiff was required to and did employ physicians and surgeons to examine, treat and care for plaintiff and plaintiff did incur medical and incidental expense. The exact amount of each expense is unknown to said plaintiff at this time, and plaintiff will ask leave to amend plaintiff's pleading to set forth the exact amount thereof when the same is ascertained.

30). As a further proximate result of the said conduct of the defendants, and each of them, plaintiff was prevented from attending to plaintiff's usual occupation, and said plaintiff is informed and believes and thereon alleges, that

plaintiff is informed and believes and thereon alleges, that plaintiff will thereby be prevented from attending to said usual occupation for a period in the future.

31). At all material times, defendants, and each of them, in doing the things alleged in this complaint which are incorporated by reference to this paragraph, acted in bad faith, oppressively and maliciously and outrageously toward plaintiff and with the intent to annoy, harass, vex, intimidate, threaten and injure plaintiff, and intentionally caused, or acted with such outrageous and intolerable conduct and with such reckless and conscious disregard of the rights and safety of plaintiff and the probability of causing injury and damages and emotional distress to plaintiff, as to justify the assessment of punitive and exemplary damages against defendants, and each of them, in a sum to be proved at the time of trial.

WHEREFORE, plaintiff prays for judgment against defendants, and each of them, as follows:

FIRST CAUSE OF ACTION:

1). General Damages according to proof;

2). Medical and incidental expenses according to proof;

3). Loss of earnings according to proof;

SECOND CAUSE OF ACTION:

1). General Damages according to proof;

2). Medical and incidental expenses according to proof;

3). Loss of earnings according to proof;

/ / / / /

THIRD CAUSE OF ACTION:

1). General Damages according to proof;

2). Medical and incidental expenses according to proof;

3). Loss of earnings according to proof;

4). Punitive and exemplary damages in an amount to be proved at the time of trial;

AS TO ALL CAUSES OF ACTION:

1). All costs of suit incurred or to be incurred herein; and

2). For such other and further relief as this court may deem just and proper.

DATED: September 7, 1989.

LAW OFFICES OF RONALD E. FAULK

By: _____
RONALD E. FAULK, Attorney for Plaintiff

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

JAMES M. MACRIS, vs. FORD MOTOR COMPANY, et al.	CASE NUMBER CERTIFICATE OF ASSIGNMENT

All civil actions or proceedings presented for filing must be accompanied by this certificate.

☒ The undersigned declares that the above entitled matter is filed for proceedings in the North Valley District of the Los Angeles Superior Court under Section 392 et seq., Code of Civil Procedure and Rule 300 Sections 3 and 4 of this court for the reasons checked below.

The address of the accident, performance, party, detention, place of business, or other factor which qualifies this case for filing in the above designated district is:

Antelope Valley Freeway at Placerita Canyon Road
(NAME – INDICATE TITLE OR OTHER QUALIFYING FACTOR) (ADDRESS)

Santa Clarita California 91321
(CITY) (STATE) (ZIP CODE)

		NATURE OF ACTION	GROUND
☐	1	Abandonment	Petitioner resides within the district
☐	2	Adoption	Petitioner resides within the district
☐	3	Adoption	Consent to out-of-state adoption, consentor resides within the district
☐	4	Appeal from Labor Commission Decision	Labor hearing was held within the district
☐	5	Conservator	Petitioner or conservatee resides within the district
☐	6	Contract	Performance in the district is expressly provided for
☐	7	Equity	The cause of action arose within the district
☐	8	Eminent Domain	The property is located within the district
☐	9	Family Law	One or more of the party litigants resides within the district
☐	10	Forcible Entry	The property is located within the district
☐	11	Guardianship	Petitioner or ward resides within the district
☐	12	Habeas Corpus	No action pending, the person is held within the district
☐	13	Mandate*	The defendant functions wholly within the district
☐	14	Name Change	The petitioner resides within the district
☐	15	Personal Property	The property is located within the district
☐	16	Probate	Decedent resided or petitioner resides within the district
☐	17	Prohibition*	The defendant functions wholly within the district
☐	18	Review*	The defendant functions wholly within the district
☐	19	Small Claims Appeal	The lower court is located within the district
☐	20	Title to Real Property	The property is located within the district
☒	21	Tort	The cause of action arose within the district
☐	22	Tort	One or more defendant(s) reside within the district
☐	23	Transferred Action	The lower court is located within the district
☐	24	Unlawful Detainer	The property is located within the district

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this declaration was executed on 9-7-89 at Los Angeles, California.

THE COURT MAY IMPOSE SANCTIONS OR OTHER PENALTIES FOR FAILURE TO FILE IN THE PROPER DISTRICT

(SIGNATURE OF ATTORNEY)
RONALD E. FAULK

*Prerogative writs concerning a court of inferior jurisdiction shall be filed in Central District.

RULE 300 LASCR

CERTIFICATE OF ASSIGNMENT

A 76C134

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

☐ IMPOUNDED ☐ RECOVERED ☒ STORED ☐ RELEASED – VEHICLE REPORT (See reverse for reporting Embezzled/Stolen Vehicles/Plates)

REPORTING DEPARTMENT: CHP	LOCATION CODE: 540	DATE/TIME REPORTED / FILE NUMBER: 4-14-88
LOCATION TOWED/RECOVERED FROM: F-14 / Placerita Cyn	WAS NEIGHBORHOOD OR AREA CHECKED FOR WITNESSES, LEADS, CLUES? IF "YES", EXPLAIN IN REMARKS OR ON SEPARATE SHEET(s). ☐ YES ☐ NO	
TOWING/STORAGE CONCERN NAME AND ADDRESS: Wolf's 26855 Rye Hwy	TELEPHONE NUMBER	TOWED TO/STORED AT: Cyn. Co	TELEPHONE NUMBER: (805) 259-7676
REPORTED BY: T. Mac 11254	HOME ADDRESS: CHP	TELEPHONE NUMBER
	BUSINESS ADDRESS	TELEPHONE NUMBER

DESCRIPTION AND OWNERSHIP

YEAR	MAKE	MODEL	BODY TYPE	COLOR (combination)	LICENSE NUMBER(s)	LICENSE YEAR	STATE
[illegible]	Ford	F/S	Ranger	Blu	[redacted] ONE / TWO	[illegible]	Cal

VEHICLE IDENTIFICATION NUMBER (VIN)	ENGINE NUMBER (EN)	VIN COMPARE WITH REG. CARD	VIN APPEAR ALTERED/REMOVED	VIN CLEAR IN SVS	LIC. NUMBER(s) CLEAR IN SVS
1FTCR10T9N[redacted]	[redacted]	☒ YES ☐ NO	☐ YES ☒ NO	☒ YES ☐ NO	☒ YES ☐ NO

IF STOLEN, NAME, DATE AND CASE NUMBER: [redacted] AGENCY

WAS VEH. RETURNED TO OWNER: ☐ YES ☐ NO

STORAGE AUTHORITY: [illegible]

[redacted] TELEPHONE(s) (home and business): Hayward

REG. OWNER: [illegible] ADDRESS: San Mateo. TELEPHONE(s) (home and business):

CONDITION AND INVENTORY (Use Remarks space or attach separate descriptions as needed.)

ODOMETER READING: 5470

DRIVEABLE: ☐ YES ☒ NO ☐ UNKNOWN

HAVE YOU ENTERED MISSING, IDENTIFIABLE PARTS IN SVS? ☐ YES ☐ NO

*Describe fully in remarks space

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES/WHEELS	CONDITION	ITEMS*	IDENTIFICATION NUMBER
WRECKED	☒		SEAT (front)	☒		REGISTRATION	☒		LEFT FRONT	OK	CAMPER	
BURNED		☒	SEAT (rear)	—		ALT/GENERATOR	☒		RIGHT FRONT		CARGO	
[illegible]ALIZED		☒	RADIO	☒		BATTERY	☒		LEFT REAR	V	VESSEL AS LOAD	Levi
[illegible]TRANS STRIP		☒	TAPE DECK		☒	DIFFERENTIAL	☒		RIGHT REAR	FLAT	FIREARMS	
MISC. PARTS STRIP		☒	TAPES (#)		☒	TRANSMISSION	☒		SPARE(s)	—	OTHER	Jacket
BODY METAL STRIP		☒	OTHER RADIO		☒	AUTOMATIC ( )			HUB CAPS (# 3)			1 glass Rock
VIN SWITCH		☒	IGNITION KEY	☒		MANUAL ☒			WHEELS			

REMARKS (Use additional blank sheets as required. Include all pertinent information.)

LIST PROPERTY, TOOLS, VEHICLE DAMAGE, LAST DRIVER OF VEHICLE, ARRESTS (full names, charges, where detained)

Clip board, misc papers
Solo 11-79 — Driver to
H. Hayward. T. Mac handling L/C

☐ CONTINUED ON SEPARATE SHEET

OFFICER DISCOVERING VEHICLE STORED (signature)	NO. NUMBER	GARAGE PRINCIPAL OR AGENT STORING VEH (signature)	DATE AND TIME
[illegible]	11[illegible]	[illegible]	1500 4/14

VALUATION, RELEASE/DISPOSITION

RECOVERY TELETYPE (date and number)	REQUIRED NOTICES SENT TO REGISTERED & LEGAL OWNERS (Sec. 22852 VC) ☐ YES ☐ NO	IF NO IS CHECKED, INDICATE REASON ☐ AVA PROGRAM	
APPRAISED VALUE	DATE AND TIME OF APPRAISAL	APPRAISING OFFICER'S SIGNATURE	I.D. NUMBER
TO (storage authority/concern)			DATE
RELEASE VEHICLE TO		ADDRESS	
SIGNATURE OF PERSON AUTHORIZING RELEASE		CERTIFICATION: I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of above described vehicle.	
NOTE: CHP 180 is furnished all peace officers by the California Highway Patrol.		SIGNATURE OF PERSON TAKING POSSESSION	

CHP 180 (Rev 5-85) OPI 065 Use previous edition until depleted

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

PAGE 1 OF 1

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	NUMBER
	1	☐	SANTA CLARITA	NEWHALL	89-357
	NUMBER KILLED	HIT & RUN MISD.	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	LOS ANGELES	144	

LOCATION

COLLISION OCCURRED ON: SR-14 S/B ANTELOPE VALLEY FWY

MILEPOST INFORMATION: 2194 FEET/[redacted] N OF MILEPOST 14 LA R-28.11

☐ AT INTERSECTION WITH ☒ OR: 2194 FEET/[redacted] N OF PLACERITA CYN RD

MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
9	14	88	1410	9540	11254

DAY OF WEEK: S M T (W) T F S

TOW AWAY: ☒ YES ☐ NO

STATE HWY REL: ☒ YES ☐ NO

PHOTOGRAPHS BY: ☒ NONE

PARTY 1

DRIVER'S LICENSE NUMBER: [redacted] STATE: CA CLASS: 3 SAFETY EQUIP.: H

NAME (FIRST, MIDDLE, LAST): [redacted]

STREET ADDRESS: [redacted]

CITY / STATE / ZIP: SAN GABRIEL CA

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO. DAY YEAR	RACE
M	BLK	CRN	6-0	220	[redacted]	

HOME PHONE: ( ) UNK

BUSINESS PHONE: [redacted]

INSURANCE CARRIER: NONE

POLICY NUMBER: —

DIR. OF TRAVEL: S ON STREET OR HIGHWAY: SR-14 SPEED LIMIT: 55 PCF: 22107(b)

VEH. YR.: 88 MAKE / MODEL / COLOR: FORD, PU, BLUE LICENSE NUMBER: [redacted] STATE: CA

OWNER'S NAME: MYGRANT GLASS CO ☐ SAME AS DRIVER

OWNER'S ADDRESS: 1680 N. MILLER AVE, LA, CA 9006 ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER

WOLFS TOWING

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

CHP USE ONLY VEHICLE TYPE: 22

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☒ TOTAL

SHADE IN DAMAGED AREA

ICC ☐ PUC ☐ CHP ☐ N/A

PARTY 2

DRIVER'S LICENSE NUMBER: STATE: CLASS: SAFETY EQUIP.:

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY / STATE / ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO. DAY YEAR	RACE

HOME PHONE: ( ) BUSINESS PHONE: ( )

INSURANCE CARRIER: POLICY NUMBER:

DIR. OF TRAVEL: ON STREET OR HIGHWAY: SPEED LIMIT: PCF:

VEH. YR.: MAKE / MODEL / COLOR: LICENSE NUMBER: STATE:

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

CHP USE ONLY VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

ICC ☐ PUC ☐ CHP ☐

PARTY 3

DRIVER'S LICENSE NUMBER: STATE: CLASS: SAFETY EQUIP.:

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY / STATE / ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO. DAY YEAR	RACE

HOME PHONE: ( ) BUSINESS PHONE: ( )

INSURANCE CARRIER: POLICY NUMBER:

DIR. OF TRAVEL: ON STREET OR HIGHWAY: SPEED LIMIT: PCF:

VEH. YR.: MAKE / MODEL / COLOR: LICENSE NUMBER: STATE:

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

CHP USE ONLY VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

ICC ☐ PUC ☐ CHP ☐

PREPARER'S NAME: TILMAN SID 11254

DISPATCH NOTIFIED: ☐ YES ☐ NO ☒ N/A

REVIEWER'S NAME: Hogan

DATE REVIEWED: 9-16-88

87 45344

• Sacto / +1

DATE OF COLLISION: DAY 14 YEAR 88 | TIME (MIL) | BEAT NUMBER 9540 | OFFICER I.D. 11254 | NUMBER

PROPERTY DAMAGE — OWNER'S NAME / ADDRESS: NONE — HOTSPOT ☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STA. WGN. REAR
8 - RR. OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

1 2 3
4 5 6
7

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

L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
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
V - NO
W - YES
PASSENGER
X - NO
Y - YES

EJECTED FROM VEH.

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT

- # A VC SECTION VIOLATED: 22107 VC — CITED ☐ YES ☒ NO
- # B OTHER IMPROPER DRIVING *
- C OTHER THAN DRIVER*
- D UNKNOWN*
- # E FELL ASLEEP*

WEATHER (MARK 1 TO 2 ITEMS)

- X A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY FT.
- F OTHER*:
- G WIND

LIGHTING

- X A DAYLIGHT
- B DUSK - DAWN
- C DARK - STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

- X A DRY
- B WET
- C SNOWY - ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)

- A HOLES, DEEP RUTS*
- B LOOSE MATERIAL ON RDWY.*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION - REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*:
- X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

- A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- X D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

- A HEAD-ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- X F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH

- X A NON-COLLISION
- B PEDESTRIAN
- C OTHER MOTOR VEHICLE
- D MOTOR VEH. ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTION

- X A NO PEDESTRIAN INVOLVED
- B CROSSING IN CROSSWALK AT INTERSECTION
- C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D CROSSING - NOT IN CROSSWALK
- E IN ROAD - INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACH / LEAVING SCHOOL BUS

TYPE OF VEHICLE

	1	2	3
A PASSENGER CAR / STA. WGN.			
B PASSENGER CAR W / TRAILER			
C MOTORCYCLE / SCOOTER			
D PICKUP OR PANEL TRUCK			
E PICKUP / PANEL TRK. W / TLR.			
F TRUCK OR TRUCK TRACTOR			
G TRK. / TRK. TRACTOR W / TLR.			
H SCHOOL BUS			
I OTHER BUS			
J EMERGENCY VEHICLE			
K HWY. CONST. EQUIPMENT			
L BICYCLE			
M OTHER VEHICLE			
N PEDESTRIAN			
O MOPED			

OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
B VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
C VC SECTION VIOLATION: CITED ☐ YES ☐ NO			
D			
E VISION OBSCUREMENT :			
F INATTENTION*			
G STOP & GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD			
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT			
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED			
B PROCEEDING STRAIGHT			
C RAN OFF ROAD			
D MAKING RIGHT TURN			
E MAKING LEFT TURN			
F MAKING U TURN			
G BACKING			
H SLOWING / STOPPING			
I PASSING OTHER VEHICLE			
J CHANGING LANES			
K PARKING MANEUVER			
L ENTERING TRAFFIC			
M OTHER UNSAFE TURNING			
N XING INTO OPPOSING LANE			
O PARKED			
P MERGING			
Q TRAVELING WRONG WAY			
R OTHER:*			

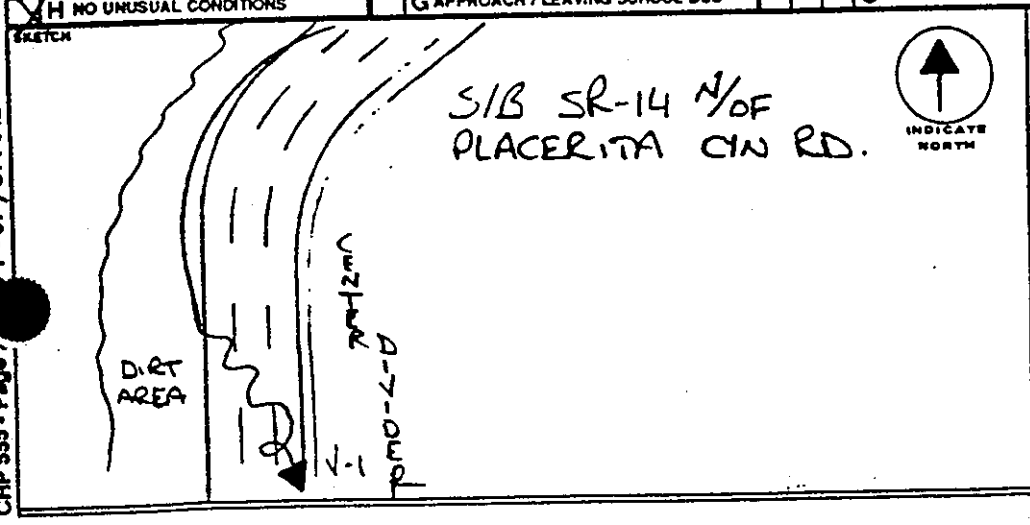
SOBRIETY-DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

	1	2	3
A HAD NOT BEEN DRINKING			
B HBD - UNDER INFLUENCE			
C HBD - NOT UNDER INFLU.*			
D HBD - IMPAIRMENT UNK.*			
E UNDER DRUG INFLU.*			
F IMPAIRMENT - PHYSICAL*			
G IMPAIRMENT NOT KNOWN			
H NOT APPLICABLE			
I SLEEPY / FATIGUED			

SPECIAL INFORMATION

- A HAZARDOUS MATERIAL

SKETCH



MISCELLANEOUS

INJURED / WITNESSES / PASSENGERS

PAGE

DATE OF COLLISION	TIME (24H)	NCIC NUMBER	OFFICER I.D.	NUMBER
9-14-88	1410	9540	11254	

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
	☐	24	M	☐	☒	☐	☐	☒	☐	☐	☐	☐	1	1	F	1

NAME / D.O.B. / ADDRESS: CAME AS PARTY ONE — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: NEWHALL AMBULANCE — TAKEN TO: HOLY CROSS HOSPITAL

DESCRIBE INJURIES: NUMEROUS ABRASIONS TO ARMS, LEGS AND TORSO. MISC LACERATIONS HEAD AND HANDS. DISLOCATED LEFT LEG.

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒*	☐	UNK	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: [redacted] — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: [redacted] — TAKEN TO: TEHACHIPI CA — PH# [redacted]

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒*	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: [redacted] — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: [redacted] — TAKEN TO: CROCKER

DESCRIBE INJURIES: VALENCIA CAL

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐*	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: — TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐*	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: — TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐*	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS: — TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: — TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

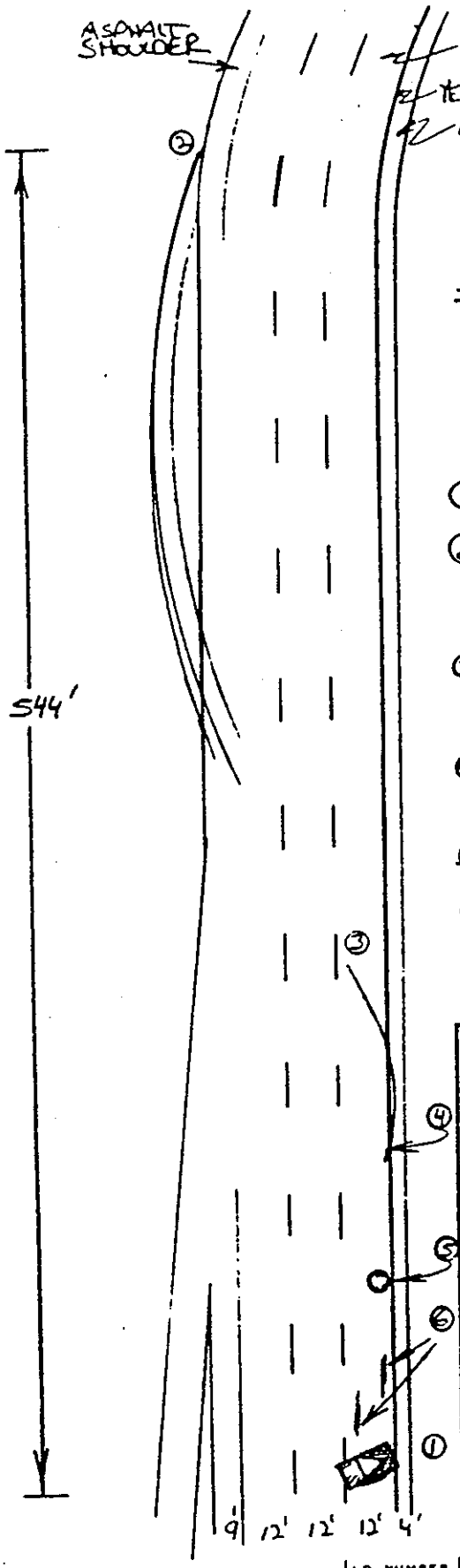
PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY Y
TILMAN	11254	9-14-88		

87 436

FACTUAL DIAGRAM

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO. 9 DAY 14 YR. 88	1525	9540	11254	

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE 0)



INDICATE NORTH

S/B SR-14 N/OF PLACERITA CYN RD.

LEGEND:

DESCRIPTION:

① V-1's POINT OF REST.

② TIRE TRACKS THROUGH DIRT BEGIN AT ② AND LEAD IN A SOUTHERLY DIRECTION APPROX 375'.

③ SIDE SKIDMARK LOCATED BEGINNING AT ③ AND LEADING IN A SOUTHERLY RADIUS TERMINATING AT ④ (GOUGE MARK)

④ GOUGE MARK APPROX 3 FT IN LENGTH AND 2 IN'S WIDE.

⑤ CIRCULAR TIREMARK.

⑥ TIREMARKS DEPOSITED THE V-1'S TIRE SIDEWALLS.

LOCATION:

① R/FRONT 2112 FT	N/OF	PLACERITA CYN RD +	Ø FT	W/OF THE	E/EDGE	OF THE	S/B SR-14
① R/REAR 2120 FT	"	"	" + 5 FT	"	"	"	
② 2658 FT	"	"	" + 45 FT	"	"	"	
③ 2281 FT	"	"	" + 10 FT	"	"	"	
④ 2220 FT	"	"	" + 0 FT	"	"	"	
⑤ 2194 FT	"	"	" + 3 FT	"	"	"	
⑥ 2150 FT	"	"	" + 3FT/9 FT	"	"	"	

DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
TILMAN	11254	9-14-88		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
9-14-88	1410	9540	11254	

"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY / COUNTY / JUDICAL DISTRICT | REPORTING DISTRICT / BEAT | CITATION NUMBER

LOCATION / SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

FACTS:

NOTIFICATION:

WHILE AT THE NEWHALL CHP OFFICE AT APPROX 1418 HRS I WAS NOTIFIED OF AN INJURY TRAFFIC COLLISION S/B ON SR-14 N/OF PLACERITA CYN RD. I RESPONDED AND ARRIVED AT THE SCENE AT APPROX 1431 HRS.

ALL TIMES, SPEEDS AND MEASUREMENTS ARE APPROXIMATIONS.

SCENE:

S/B SR-14 AT THE SCENE OF THE INCIDENT IS A THREE LANE, CONCRETE SURFACED, FULL CONTROL ACCESS FREEWAY. FOR FURTHER SCENE INFORMATION REFER TO THE FACTUAL DIAGRAM.

VEHICLES:

V-1 1988 FORD P/U, WAS LOCATED ON ALL FOUR WHEELS AS DEPICTED IN THE FACTUAL DIAGRAM. IT HAD SUSTAINED TOTAL DAMAGE TO ALL SIDES AND ITS TOP. V-1'S PASSENGER DOOR WAS PUSHED OUTWARD FROM THE PASSENGER COMPARTMENT APPROX 6 TO 8 INCHES. V-1'S DRIVERS SEAT BELT WAS UNDAMAGED AND HANGING IN THE RETRACTED POSITION NEXT TO THE DRIVERS DOOR.

PREPARER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
TILMAN	11254	9-14-88		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER ID	NUMBER
9-14-88	1410	9540	11254	

"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY/COUNTY/JUDICAL DISTRICT | REPORTING DISTRICT/BEAT | CITATION NUMBER

LOCATION/SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

VEHICLES CONT:
V-1 WAS TOWED FROM THE SCENE BY WOLF'S TOWING.

V-1'S DRIVER WAS LYING SUPINE IN THE S/B #1 LN ON MY ARRIVAL AND WAS BEING ATTENDED TO BY MEDICAL PERSONNEL. HE WAS LATER IDENTIFIED BY A VALID CALIFORNIA DRIVERS LICENSE.

PHYSICAL EVIDENCE:

1.) SKIDMARKS/TIREMARKS: REFER TO DIAGRAM.
2.) VEHICLE DAMAGE: REFER TO VEHICLES.

STATEMENTS:

P-1: NO STATEMENTS DUE TO INJURIES SUSTAINED AND PAIN MEDICATION.

W-1: LUDD WAS INTERVIEWED AT THE SCENE BY OFFICER CAHOON #10458 (WEST VALLEY CHP). LUDD STATED HE WAS N/B ON SR-14 IN THE #2 LANE N/OF PLACERITA CYN. HE LOOKED TO HIS LEFT AND OBSERVED V-1 "FLIPPING OVER" IN THE S/B #2 LANE. LUDD OBSERVED P-1, MACRIS, EJECT THROUGH THE PASSENGER WINDOW. HE DIDN'T HIT ANYBODY AND THERE WAS NOBODY AROUND HIM, LUDD SAID.

PREPARER'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
TTUMAN	11254	9-14-88		

Use previous editions until depleted

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

PAGE 7

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER ID	NUMBER
9-14-88	1410	9540	1254	

"X" ONE: [X] NARRATIVE [ ] SUPPLEMENTAL

"X" ONE: [X] COLLISION REPORT [ ] OTHER

TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA UPDATE [ ] FATAL [ ] HIT & RUN UPDATE [ ] HAZARDOUS MATERIALS [ ] SCHOOL BUS [ ] OTHER

CITY / COUNTY / JUDICAL DISTRICT | REPORTING DISTRICT / BEAT | CITATION NUMBER

LOCATION / SUBJECT | STATE HIGHWAY RELATED [ ] YES [ ] NO

1.
2. OPINION AND CONCLUSION:
3.
4. POINT OF IMPACT: V-1 OVERTURED
5. 2194 FT N/OF PLACERITA CYN RD AND
6. 6 FT W/OF THE E/EDGE OF THE S/B #1 LN
7. OF SR-14. (BASED ON PHYSICAL EVIDENCE)
8.
9. SUMMARY:
10. V-1 WAS S/B ON SR-14 IN THE #4 LN
11. AT APPROX 65 MPH N/OF PLACERITA CYN RD.
12. FOR AN UNKNOWN REASON P-1 ALLOWED
13. V-1 TO DRIFT OFF THE WEST SIDE OF
14. THE ROADWAY INTO THE DIRT AREA W/OF
15. THE ASPHALT SHOULDER. AS A RESULT
16. OF THAT ACTION P-1 LOST CONTROL WITH
17. V-1 ROTATING COUNTERCLOCKWISE AND
18. REENTERING S/B TRAFFIC AT A SEVERE
19. ANGLE. ATTEMPTING TO REGAIN CONTROL
20. P-1 TURNED THE STEERING WHEEL TO THE
21. RIGHT BUT OVERTURNED IN THE S/B #1
22. LANE EJECTING P-1 TO THE ROADWAY.
23.
24.
25. CAUSE:
26. P-1 CAUSED THIS ACCIDENT BY ALLOWING
27. V-1 TO MAKE AN UNSAFE TURNING
28. MOVEMENT, A VIOLATION OF 22107 VC.
29.
30. RECOMMENDATIONS:
31. NONE
32.

PREPARER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
TILMAN	11254	9-14-88		

Use previous editions until depleted

CHP 556 (Rev. 7-87) OPI 042

87 45

MOTOR VEHICLE ACCIDENT

1 SHEET ___ OF ___	2 CRIME	3 COUNTY	4 DISTRICT	5 CENSUS	6 BEAT	7 WATCH	8 REPORT NO
		MAU	I	Kihei	4-B	1	90-030702

9 REPORT TYPE: 1 Major, 2 Minor — Fatal

10 TOTAL INVOLVED: MV 2, MC X, MOP X, BC X, PED X

11 NO OF W/TN 1 | 12 NUMBER KILLED 1 | 13 NUMBER INJURED 1 | 14 TOWAWAY 0 No 0 Yes | 15 HIT&RUN 0 No 1 Yes | 16 FIRE 0 No 1 Yes | 17 PHOTOS 0 No 0 Yes | 18 SELECT ONE 0 None 1 Bridge 2 Tunnel

19 DATE/TIME OCCURRED: 06/01/90 0546 hrs. | DAY: Fri. | DATE/TIME REPORTED: 06/01/90 0547 hrs. | 20 REPORTED TO: RTO June HIGA | I.D. NO. 9272 | 21 INVESTIGATOR(S): monIZ/ rodrigues

22 REPORTED BY NAME/ADDRESS: [redacted], [redacted], Kihei, HI | RESID. PHONE | BUS PHONE

23 TIMES: SENT 0615, ARRIVE 0650, BACK

24 WEATHER (UP TO TWO): 0 Clear, 1 Cloudy, 2 Rain, 3 Fog, 4 Hazy, 5 Windy, 6 Other

25 LIGHT/LIGHTING: 1 Daylight, 0 Dawn-Dusk, 2 Lit-Spot, 3 Lit-Continuous, 4 Dark-Lights off, 5 Dark-No Lights

26 LOCATION CLASSIFICATION: 1 School, 2 Business, 0 Residential, 4 Industrial, 5 Recreation, 6 Farms-Fields, 7 No Dev, 8 Others

27 TRAFFIC LEVEL: 0 Light, 2 Medium, 3 Heavy

EMS: NOTIF 0550, ARRIVE: 0557

LOC — 28 NAME OF STREET OR HIGHWAY: Piilani Hwy.(31) | CITY OR TOWN: Kihei | ROADWORK 0 No 1 Yes | NUMBER LANES 2 | TYPE 0 Divided Undivided | FLOW 0 One-Way Two-Way | JURIS/CLASS

RTE NO | MI POST | 29 D BY AND DIRECTION FROM REFER: Intersection of | REFER (MILE MARKER, INTERSECTION ETC.): Mapu Pl.(.5 miles south of MP-9) | JURIS.CLASS

OPERATOR/PED

30 UNIT NO 01 | UNIT CLASS 01 | NO OF OCCUP 1 | TRAILER TYPE 00 | TRAILER PLATE NO xx | HAZ MTRL xx

32 OPERATOR'S/PEDESTRIAN'S NAME: [redacted]

34 ADDRESS: [redacted], Kihei, HI

36 RESID PHONE: [redacted] | BUS PHONE: [redacted] | OCCUPATION: Asst. Director of Security

38 PLACE OF EMPLOYMENT/ADDRESS: Stouffer's Wailea Beach Resort, Wailea

40 SEX 0 M F | DATE OF BIRTH [redacted] (age) 43 | RACE Caucasian | YRS DRIV 27

42 OPERATOR'S LICENSE NO: [redacted] | STATE HI | TYPE 4 | EXP YR '91 | STATUS 1

RESTRICT 44 A | COMPL 0 No 0 Yes | COORD TEST X | BAC TEST GIVEN 0 None 2 Breath 1 Refused 0 Blood | RESULT %

46 CITATIONS—Code and Number: XXX | XXX | SPD LIMIT 20

33 UNIT NO 02 | UNIT CLASS 01 | NO OF OCCUP 2 | TRAILER TYPE 00 | TRAILER PLATE NO xx | HAZ MTRL xx

33 OPERATOR'S/PEDESTRIAN'S NAME: [redacted]

35 ADDRESS: [redacted] Kahului, HI

37 RESID PHONE: [redacted] | BUS PHONE: [redacted] | OCCUPATION: Dietary Helper

39 PLACE OF EMPLOYMENT/ADDRESS: Hale Makua, Kahului, HI

41 SEX 0 M F | DATE OF BIRTH [redacted] (age) 35 | RACE Hawn/Jpnse | YRS DRIV 20

43 OPERATOR'S LICENSE NO: [redacted] | STATE HI | TYPE 3 | EXP YR '93 | STATUS 1

RESTRICT 45 X | COMPL 0 No 1 Yes X | COORD TEST X | BAC TEST GIVEN 0 None 2 Breath 1 Refused 0 Blood | RESULT %

47 CITATIONS—Code and Number: XXX | XXX | SPD LIMIT 45

OWNER

48 OWNER'S NAME: [redacted] | OWNER'S PHONE: [redacted]

50 OWNER'S ADDRESS: [redacted], Kula, HI | NOTIFIED 0 No 1 Yes

52 INSURED BY | EXP. DATE

49 OWNER'S NAME: [redacted] | OWNER'S PHONE: [redacted]

51 OWNER'S ADDRESS: [redacted] Kahului, HI | NOTIFIED 0 No 0 Yes

53 INSURED BY: Trans-America Insurance CO. | EXP. DATE: 07/06/90

VEHICLE

54 LICENSE PLATE NO: [redacted] | STATE HI | VIN JT2AL21E5C3[redacted]

56 YEAR 1982 | MAKE TOYOTA | MODEL Tercel | BODY T[redacted]N 4 Dr. | RECON 0 No 1 Yes | COLOR 18

58 SPECIAL USE 00 | SFTY EXPIR 06/90 | WEIGHT 2000 | INITIAL IMPACT POINT 1 | 59 DAMAGED AREAS 9 Top 10 Bottom

62 STOLEN 0 No 1 Yes | TYPE OF DAMAGE 0 None 1 Light 2 Moderate 0 Severe 4 Total | ESTIM. DAMAGE over $ 300.00

64 REMOVAL 1 Driven 2 Remained 0 Towed | REMOVED BY: McNEILL's TOWING

66 REMOVED TO: McNEILL's Towing Baseyard | AT THE REQUEST OF 0 Police 2 Other

68 OBJECT STRUCK/DAMAGE DESCRIPTION: XXX | ESTIM. DAMAGE $ XXX

70 OWNER'S NAME/ADDRESS: XXX | PHONE: XXX

55 LICENSE PLATE NO: [redacted] | STATE HI | VIN 1FMCU14TXJU[redacted]

57 YEAR 1988 | MAKE FORD | MODEL Bronco II | BODY TYPE 2 Dr. | RECON 0 No 1 Yes | COLOR 10

60 SPECIAL USE 00 | SFTY EXPIR 08/90 | WEIGHT 3270 | INITIAL IMPACT POINT 3 | 61 DAMAGED AREAS 9 Top 10 Bottom

63 STOLEN 0 No 1 Yes | TYPE OF DAMAGE 0 None 1 Light 2 Moderate 3 Severe 0 Total | ESTIM. DAMAGE over $ 300.00

65 REMOVAL 1 Driven 2 Remained 0 Towed | REMOVED BY: James KANESHIRO, Mike KITAGAWA's Chevron

67 REMOVED TO: Mike KITAGAWA's Chevron | AT THE REQUEST OF 1 Police 0 Other

69 OBJECT STRUCK/DAMAGE DESCRIPTION: XXX | ESTIM. DAMAGE $ XXX

71 OWNER'S NAME/ADDRESS: XXX | PHONE: XXX

OBJ

72 NAME/ADDRESS

A UNIT	B POS'T	C AGE	D SEX	E EJECT	F SFTY	G INJ	H AREA	I CAUSE	J CARE	K TRANS	L DEP	M GOOD	N DRIVER LIC NO
01	10	43	M	00	06	00	X	X	00	01	X	X	XXX
02	10	35	F	00	06	02	01/10	18	01	02	07	03	36300
02	30	7	M	01	06	04	01/09	19	01	02	07	07	36300

73 REPORT WRITTEN BY: DET. G. MONIZ 7444 | BADGE NO. | DATE/TIME 06/01/90 1050 hrs. | 74 SUPERVISOR APPROVING | BADGE NO.

U.P.D. Form 300-8

SYNOPSIS OF TRAFFIC FATALITY & SERIOUS MVA HANDLED
MAUI POLICE DEPARTMENT TRAFFIC DIVISION

REPORT NUMBER: 90-030702

SCENE: Piilani Hwy/Intersection of Mapu Pl., Kihei, HI

DATE/TIME OCCURRED: 06/01/90 0546 hrs.

DATE/TIME REPORTED TO TRAFFIC: 06/01/90 0615 hrs.

SYNOPSIS OF ACCIDENT

Unit NO: 1, traveling in the west direction on Mapu Pl., failed to stop at the posted stop sign at the intersection of Piilani Hwy. and Mapu Pl. in Kihei. Unit NO: 1 then collided with Unit NO: 2, traveling north on Piilani Hwy., broadside.

As a result of this collision, Unit NO: 2 overturned several times causing a juvenile male passenger to be completely ejected from the vehicle. The operator of Unit NO: 2 was transported to Maui Memorial Hospital in stable condition, treated and released. The juvenile male passenger, of Unit NO: 2, was also transported to Maui Memorial Hospital in Critical Condition were he expired on 06/01/90 at 0709 hrs. due to injuries sustained in this Motor Vehicle Accident.

The operator of Unit NO: 1 sustained no injuries in this Motor Vehicle Accident.

DRIVERS/VEHICLES INVOLVED:

D-1: [redacted], Kihei
DOB: [redacted] AGE: [redacted]

UNIT NO: 1. 1982 TOYOTA Tercel
HFR-304 4 Dr. Yellow
R.O. [redacted], Kula, HI

D-2: [redacted], Kahului
DOB: [redacted] AGE: [redacted]

UNIT NO: 2. 1988 FORD Bronco II
MPF-492 2 Dr. Maroon [redacted] KUHIA
R.O. [redacted] Kahului

INJURIED:

[redacted], the operator of Unit NO: 2, sustained minor injuries and was released from Maui Memorial Hospital after receiving medical treatment.

DECEASED:

[redacted] age [redacted] and passenger within Unit NO: 2 expired within the Emergency Room of Maui Memorial Hospital due to injuries sustained on 06/01/90.

ALCOHOL/DRUGS INVOLVED:

Alcohol and/or drugs are not suspected of both operators involved. Results of Blood Tests Pending.

INVESTIGATORS:

TRAFFIC DIVISION:

Ofc. G. MONIZ - Primary
Ofc. H. RODRIGUES - Sketch
Ofc. R. BELL - Assist

WAILUKU PATROL:

Ofc. K. KIKUCHI
Ofc. M. YAMASHIRO
Sgt. M. YAMASHIRO

MPD-016 2/88

DOT 1-176 (MVSC 1/85)
MOTOR VEHICLE ACCIDENT

Report No. 90-030702

Report of Injured Person(s)

Accident Location: Piilani Hwy./Mapu Pl., Kihei, HI Date: 06/01/90 Time: 0546 hrs.

Injured: [redacted] Address: [redacted] Kahului Phone: [redacted]

Injured Was:

A Unit	B Posit	C Age	D Sex	E Eject	F Sfty	G Inj	H Area	I Cause	J Care	K Trans	L Hosp	M Cond	N EMS Card No
2	10	35	F	00	06	02	01/10	18	01	02	07	03	36300

Attending Physician: Dr. Jonathan WEISUL

Operator's License: [redacted] (State) (Number) Race: Jpnse/Hawn Age: [redacted] DOB: [redacted]

Occupation: Dietary Helper Where Employed: Hale Makua - Kahului, HI

Description of Injuries: Contusions to head and lower right leg, pain to neck.

Had been drinking: Yes____ No X What?_____ How Many?_____ Time Last Drink?_____

Where drinks consumed (Establishment): _____

Statement: _____

>>>REFER TO SUPPLEMENTARY REPORT<<<

Injured: KUHIA, Jav-Jay Maikah Address: 455 Ipu Cir., Kahului Phone: 871-4648

Injured Was:

A Unit	B Posit	C Age	D Sex	E Eject	F Sfty	G Inj	H Area	I Cause	J Care	K Trans	L Hosp	M Cond	N EMS Card No
2	30	7	M	01	06	04	01/09	19	01	02	07	07	36300

Attending Physician: Dr. Jonathan WEISUL

Operator's License: None (State) (Number) Race: Jpnse/Hawn Age: 7 DOB: 04/04/83

Occupation: Student - 1st. Where Employed: Lihikai School

Description of Injuries: Depressed skull fracture(left side), abrasions to left facial area, arms, legs, and body.

Had been drinking: Yes____ No____ What?_____ How Many?_____ Time Last Drink?_____

Where drinks consumed (Establishment): _____

Statement: _____

>>>NO STATEMENT OBTAINED DUE TO FATAL INJURIES SUSTAINED<<<

Officer's remarks:

Officer [illegible] I.D. No._____ Date/Time 06/01/90 1100 hrs

Supervisor Approving_____ I.D. No._____ Date/Time_____

DOT-1-174 (MVSO 1/85)

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

PAGE 2 OF 2 SHEET ____ OF ____

COUNTY	REPORT NO
Mau	90-030702

91. ACCIDENT LOCATION
Piilani Hwy./Intersection of Mapu Pl., Kihei, HI

92. LOCATION OF FIRST HARMFUL EVENT

INTERSECTION/JUNCTION
01 Intersection Area
02 Junction Area
03 Driveway Access
04 Alley Access

ON ROADWAY-NOT AT INT
10 Left or Inner Lane
11 Right or Outer Lane
12 Other Main Lane
13 Merge/Transition Lane
14 Acceleration Lane
15 Deceleration Lane
16 Left Turn Lane
17 Right Turn Lane
18 Bikeway
19 Bus/HOV Lane

OFF-ROADWAY
20 Left Shoulder
21 Right Shoulder
22 Left Roadside
23 Right Roadside
24 Median
25 Median Crossover
26 Outside ROW

OFF-ROADWAY-OTHER
30 Driveway
31 Private Road
32 Parking Lot

40 Other (Specify)

93. HARMFUL EVENTS

	Unit	Unit or 0	Action		Unit	Unit or 0	Action
1	1	2	66	5			
2				6			
3				7			
4				8			

94. Check if INTERSECTION-RELATED ☐

95. DRAW OBJECTS, DIRECTIONS, ETC ACCORDING TO CURRENT PRACTICE.

DRAW ARROW INDICATING NORTH

>>>REFER TO ATTACHED DIAGRAM<<<

NON-COLLISION
(Enter 0 in 2nd block)
01 Overturned on Roadway
02 Overturned off Roadway
03 Submersion
04 Fire Explosion
05 Jackknife
06 Ran Off Roadway
07 Other (Specify)

COLLISION
OBJECT ANIMAL
(Enter 0 in 2nd block)
10 Overhead Cables
11 Guardrail
12 Culvert
13 Bridge Overpass
14 Underpass Bridge/Support
15 Building
16 Island Raised Median Curb
17 Embankment Retaining Wall
18 Fence
19 Utility Pole
20 Traffic Signal/Sign Post
21 Impact Attenuator
22 Standing Tree/Shrub
23 Hydrant
24 Mailbox
25 Other (Specify)

PEDESTRIAN
30 Unknown
31 Crossing - in Crosswalk
32 Crossing - outside Crosswalk
33 Crossing - no Crosswalk
34 Darting Out
35 Walking in Roadway
36 Playing in Roadway
37 Directing Traffic
38 Hanging Working on Vehicle
39 Getting on Vehicle
40 Maint. Constr. Project
41 Other (Specify)

BICYCLE MOPED
50 Unknown
51 Riding in Bikeway
52 Riding outside bikeway
53 Riding in Road No Bikeway
54 Riding off Roadway
55 Crossing Roadway
56 Fell in on Roadway
57 Other (Specify)

MOTOR VEHICLE - IN TRANSPORT
60 Head On
61 Rear End
62 Sideswipe - Same Direction
63 Sideswipe - Opposite Direction
64 Angle - Same Direction
65 Angle - Opposite Direction
66 Broadside

MOTOR VEHICLE - OTHER
70 In Other Roadway

96. HOW WERE THE SPEEDS ESTIMATED?

97. HOW WAS POINT OF IMPACT ESTABLISHED?

98. SHOULDER TYPE (Show on diagram if it was a factor.)
0 No Shoulder 2 Unimproved 4 Gravel/Stone 6 Concrete
1 Turf 3 Graded Earth 5 Asphalt 7 Other

99. REFERENCE POINT IS _____ (FEET) _____ (DIRECTION)
OF _____ (OBJECT/LANDMARK)
ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE

OBJECT	N	S	E	W

100. TIRE/SKID MARKS (FEET)

Wheel	Unit	Unit	Unit	Unit
Lt-F				
Rt-F				
Lt-R				
Rt-R				

101. ACCIDENT DESCRIPTION (Refer to Units by Number)
Unit NO: 1 traveling west on Mapu Pl., in Kihei, stopped at the posted stop sign at the intersection of Piilani Hwy.. Unit NO: 1 then proceeded into the north bound lane of Piilani Hwy., colliding broadside with Unit NO: 2 which was north bound on Piilani Hwy..

102. ACTIONS OF UNINVOLVED

PED	BICYC	MOPED	MC	VEH

DAY/TIME REPRODUCED

103. REFERRED BY [signature] BADGE NO DATE/TIME

104. SUPERVISOR APPROVING BADGE NO

MAUI POLICE DEPARTMENT

COMP MAUI POLICE DEPARTMENT, T.A.I.S. RPT. NO. 90-030702

ADDRESS 55 MAHALANI STREET, WAILUKU, MAUI, HI

NOTIFICATION OF OFFICIALS IN CERTAIN TYPES OF CASES

Authority- General Order #3

The supervisor in charge of the watch shall be responsible to activate the notification sequence as soon as information is available on those cases outlined and within the purview of G.O 53. Upon completion, the district or division commander shall file these reports.

TO : HOWARD TAGOMORI, CHIEF OF POLICE

FROM : OFFICER GREGORY MONIZ, PO III, T.A.I.S./TRAFFIC DIVISION

SUBJECT : TRAFFIC FATALITY

SYNOPSIS: (Include report number, circumstances of case, injuries, disposition, arrest, charges, etc.)

On 6/1/90 at approximately 0546 Hrs. Unit #1, a 1982 Toyota Tercel, bearing Hawaii Lic. #HFR-304, operated by a [redacted] was west bound on Mapu Pl. Unit #1 then rolled past the stop line at the intersection of Piilani Hwy., and collided with Unit #2, a 1988 Ford Bronco II, bearing Hawaii lic. #MPF-492, operated by a [redacted], which was traveling straight ahead, north bound on Piilani Hwy. Unit #1 struck Unit #2 broadside on the right rear quarter panel area, causing same to go out of control, flipping over, then coming to rest on its right side on a dirt/grass embankment on the east side of the highway, and partially in a concrete drainage culvert. As a result, a (7) year old juvenile male, [redacted], a passenger in Unit #2, was ejected, and sustained severe head injuries, which caused his death at the Maui Memorial Hospital at 0709 Hrs. Alcohol is not suspected as being a factor in this MVA.

	DATE	TIME	BY
DISTRICT/ELEMENT COMMANDER CAPT. M. LAI	6/1/90	0730 Hrs.	R. BELL
C.I.D.	D /	N /	A
ASSISTANT CHIEF K. DELIMA	D /	N /	A
ASSISTANT CHIEF G. NAKASHIMA	6/1/90	1145 HRS.	R. BELL
DEPUTY CHIEF S. TADAKI	6/1/90	1150 HRS	R. BELL
CHIEF HOWARD TAGOMORI	6/1/90	1150 HRS.	R. BELL
MAYOR H. TAVARES (murder, rape and fatal MVA's only)	6/1/90	1205 HRS.	R. BELL

r bell #6642
Signature T.A.I.S.

6/1/90 1140 Hrs.
Date Time

ORIGINAL TO RECORDS
MPD FORM #2042-A (5/83)

SENT BY:COUNTY OF MAUI ;11-29-90 ; 5:30AM ;

Veh. Make: TOYOTA Model: TERCEL Year: 1982

Type: 4 DSD Color: Yellow Lic. No. [redacted] State: HI.

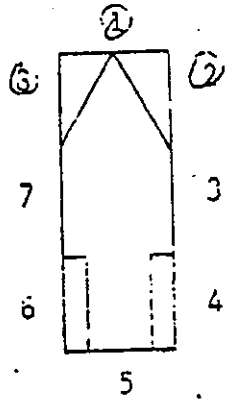
Safety Exp: 6/90 Insurance: None Exp: N/A

V.I.N.: JT2AL21E5C3[redacted] Weight: 2000

Number of Axels: 1 Odometer: 103077.9 miles Type Trans.: Automatic

Tires: LF F / ND LR F / ND RF F / ND RR F / ND

(Thread Condition) Poor - P, Bald - B, Full - F, Recap - R.
Front tires- Goodyear Arriva P 155/80 R 13. Rear tires- Calfente 155 SR 13.
(Tire Condition) Deflated - D, Not deflated - ND, Blow Outs - BO.



DAMAGES

Initial point of impact: Front bumper

Parts Damaged: Detatched front bumper, smashed front fenders, grill, and hood.

BRAKES: Good pedal pressure.
STEERING: Normal play.

Veh. Make: FORD Model: BRONCO II Year: 1988

Type: MPVH Color: Red Lic. No. [redacted] State: HI.

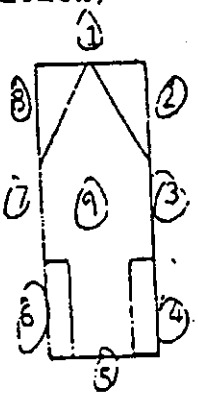
Safety Exp: 8/90 Insurance: Trans America Ins. Co. Exp: 7/06/90

V.I.N.: 1FMCU14TXJU[redacted] Weight: 3270

Number of Axels: Two Odometer: Type Trans.: Automatic

Tires: LF F / ND LR F / D RF F / ND RR F / D (Off bead)

(Thread Condition) Poor - P, Bald - B, Full - F, Recap - R.
All four were Goodyear Wrangler Radials P 205/75 R 15.
(Tire Condition) Deflated - D, Not deflated - ND, Blow Outs - BO



DAMAGES

Initial point of impact: Right door/fender.

Parts Damaged: Windshield shattered, hood smashed detached, right door dented & window shattered, righ rear fender smashed, roof smashed, right rear window shattered, right side of rear bumper bent backwards, spare wheel detached, back window off, left rear fender smashed, left front fender smashed, left fro rim scratched/broken at edges, left rear rim scratc ed/broken and right rims were scratched/damaged.
BRAKES: No pressure due to damage. STEERING: Norma

MPD - T1
3/30/83

[signature]

REPORT NO. 90-030702

MAUI COUNTY POLICE DEPARTMENT

REQUEST FOR AUTOPSY

TO: Dr. Kanthi GUNATILAKE, Coroner's Physician

District of WAILUKU, County of Maui, Hawaii

Pursuant to Section 841-14 of the Hawaii Revised Statutes, notice is hereby given the above-named Coroner's physician that an autopsy shall be performed on the body of [redacted], age 7, sex Male, race Hawn/Jpnse, who was pronounced dead on 06/01/90, at 0709 hrs. AM/PM by Dr. Johathan WEISUL.

Autopsy shall be performed as soon as possible to determine, if possible, the exact cause of death. A complete report of the findings of such autopsy shall be made available to the Chief of Police, County of Maui, Hawaii, within a week's time.

Howard TAGOMORI
Chief of Police, ex-officio
Coroner, County of Maui

Motor Vehicle Accident-FATAL
(Type of Incident)

06/01/90 0547 hrs.
(Date & Time Reported)

By Ofc. Gregory B. MONIZ 7444
Deputy Coroner

06/01/90 0935 hrs.
Date/Time

SECTION 841-14, HRS, AUTOPSIES AND FURTHER INVESTIGATION. If, in the opinion of the Coroner, or of the Coroner's physician, or of the prosecuting attorney, or of the Chief of Police (in the City & County of Honolulu), an autopsy of the remains of the human body appearing to have come to death under any of the circumstances set forth in Section 841-3 (see below) is necessary in the interest of the public safety or welfare, he shall perform, or cause to have performed, such an autopsy. If, in the opinion of the coroner's physician, a further or additional investigation as to the cause of death is necessary, he may conduct the same or have the same made, and the expense thereof shall be paid by the county concerned and for this purpose, the coroner's physician shall have the duties and powers conferred upon the coroner or deputy coroner by Section 841-4 to 841-8.

SECTION 841-3, HRS, DUTIES. As soon as any coroner or deputy coroner has notice of the death of any person within his jurisdiction as the result of violence, or as the result of any accident, or by suicide, or suddenly when in apparent health, or when unattended by a physician, or in prison, or in a suspicious or unusual manner, or within twenty-four hours after admission to a hospital or institution, he shall forthwith inquire into and make a complete investigation of such death.

Any person who becomes aware of the death of any person under any of the circumstances set forth above shall immediately notify the coroner of the known facts concerning the time, place, manner, and circumstances of the death.

FORM NO. 123 C (Revised 5/9/78)

STATION KBJ 94

MAUI POLICE DEPARTMENT

RADIO TRANSMISSION RECORD

STATION MOBILE & REPEATERS
155.550 MC, 154.650 MC, 154.725 MC

LOG SHEET NO. 2535

DATE Mi Jun 01, 1990

OPERATOR Racadio ON DUTY

Relief Opr. Time
On
Off

NO.	ORIGIN STN.	ORIGIN CAR	✓	NATURE & TIME T	R	E	REMARKS
1		6		07	21		10/9 Kihei / Kamaole T/pax
2		4	①		25		10/7 trf
3		2			/		Piiki / Kihei
4		1			26		pd tow pov
5		5			27		pd
6	Sta - 511				/		u'v in Lahaina
7		1			/		10/7
8		43			/		10/8 water
9		120			/		10/7
10		117			28		10/8
11		5			29		10/8 10/1
12		1			/		pd
13		6			30		102 Chu / Oak
14				07/30			
[illegible]		8			31		poss arrest / 176 Mauki Pl
16		812			32		10/9 Piilani / Kihei
17		6			35		10/7
18		103			/		10/6 pulg in Kihei 874-5894
19		3			37		10/8 alg 10
20		8/9			38		8 - [illegible] off abm / 64 Waiehu Pl
21		3			39		0/8 C/ BHS
22		119			41		10/9 Stern
23		4			/		traffic HFR 304 next on rotation
24		7			42		10/9
25		8			/		
26		Mahulu			44		answer
27		8			/		✓
28		10			45		abm / 66 - E Mahu [illegible]
29		7			/		eq - ar
30		4			47		McKelp rep
31		7			48		Assault / 235 U. Kap Lanikai Sq
32		48			/		10/9
33		9			46		10/7
[illegible]		117			50		pd Law @ Airport
35		1			/		10/8 to EN
TOTAL							

Operator Racadio Off Duty

Form No. 206 - 10M

MOTOR VEHICLE ACCIDENT
PIILANI HWY.(31)
INTERSECTION OF MAPU PL.
KIHEI, MAUI, HI

06/01/90

90-030702
AUTO/MPVH
(FATAL)

ASSIGNMENT:

On 06/01/90 at approximately 0605 hrs., this officer received a telephone call from Ofc. Randall BELL, Traffic Investigator of the Maui County Police Department. Further informed, by Ofc. R. BELL, that a Motor Vehicle Accident had taken place in Kihei, the intersection of Piilani Hwy./Mapu Pl..

The accident involved a compact vehicle(TOYOTA Tercel) and a FORD Bronco II. The two occupants of the FORD Bronco, mother and son, were being transported, by MEDIC 3, to Maui Memorial Hospital. The female was in "STABLE CONDITION", while the juvenile male was in "CHARLIE CONDITION"(Critical).

Informed by Ofc. R. BELL that Officer's David HONG and Hamilton RODRIGUES were also responding to the scene of this Motor Vehicle Accident. This officer was to respond to the Emergency Room, at Maui Memorial Hospital, and conduct the investigation at that location.

ARRIVAL/OBSERVATIONS:

Upon arrival at the Emergency Room of Maui Memorial Hospital, at 0640 hrs., observed a local male(juvenile) within Room NO: 3 receiving medical treatment from doctors and nurses. This male(juvenile) was later identified as a [redacted] the passenger of Unit NO: 2.

Observed a local female(adult), lying in the supine position, within Room NO: 2 being tended to by a nurse. This female was later identified as a [redacted] the operator of Unit NO: 2.

At this time, this officer made inquiries with medical personnel if blood could be extracted from [redacted] Blood would be extracted, by Emergency Room Medical personnel, following [redacted] receiving medical attention.

>>>NOTE<<< Blood Extraction was done, on 06/01/90 at 0751 hrs., by Registered Nurse L. MATHEWS within Room NO: 2 at the Emergency Room.

While at the Emergency Room, this officer was informed that the Operator of Unit NO: 1 was being transported to the Wailuku Police Station, by Ofc. K. KIKUCHI. At that time, this officer requested that Registered Nurse Rosemary CAIRES be contacted to conduct a blood extraction.

>>>NOTE<<< Blood Extraction was done, on 06/01/90 at 0830 hrs., by Registered Nurse Rosemary CAIRES within the Receiving Desk area of the Wailuku Police Station.

ADMONITION AND WAIVER OF RIGHTS:

On 06/01/90 at 0835 hrs., within the Receiving Desk area of the Wailuku Police Station, a [redacted] was verbally informed of his rights by this officer. [redacted] related that he fully understood what had been read to him, in the presence of Ofc. K. KIKUCHI, and stated the following.

MOTOR VEHICLE ACCIDENT
PIILANI HWY.(31)
INTERSECTION OF MAPU PL.
KIHEI, MAUI, HI

06/01/90

90-030702
AUTO/MPVH
(FATAL)

STATEMENT/OPERATOR OF UNIT NO: 1.

[redacted] Adult/Caucasian/Male
SS# [redacted] DOB: [redacted] AGE: 43
[redacted], Kihei, HI PH: [redacted]
Employment: Stouffer's Wailea Beach Resort
Occupation: Asst. Director of Security
PH: 879-4900

Related that at this time, he will not be giving a statement. He will be seeking the counsel of an attorney.

Nothing further to add at this time...

ADMONITION AND WAIVER OF RIGHTS:

On 06/01/90 at 0745 hrs., within Room NO: 2 at the Emergency Room of Maui Memorial Hospital, [redacted] was verbally informed of her rights by this officer. [redacted] related that she fully understood what had been read to her, and willingly gave the following statement.

STATEMENT/OPERATOR OF UNIT NO: 2:

[redacted] Adult/Jpnse-Hawn/Female
SS# [redacted] DOB: 05/05/55 AGE: 35
[redacted], Kahului, HI PH: [redacted]
Employment: Hale Makua-Kahului PH: [redacted]
Occupation: Dietary Helper

Related that on 06/01/90, at about 0500 hrs., she drove her husband ([redacted]) to work. Her husband is employed by Pacific Construction CO., and is working at the Grand Hyatt job site in Wailea. Their son, [redacted] went along with them and was asleep in the backseat of the vehicle. She drove to the work site, using Piilani Hwy., arriving at the location at about 0530 hrs..

Stated that on her way home, using the new Piilani Hwy. extension, her son [redacted] was now seated in the right front seat. He was also secured by the use of the seat belt and harness.

Related that as she approached the intersection of Piilani Hwy., Mapu Pl., and Kilohana Dr., traveling in the northerly direction, she observed a yellow compact vehicle traveling west on Mapu Pl.. This yellow compact vehicle, either a Toyota or Datsun, did not stop at the posted stop sign. The driver, a caucasian male, was observed looking in the northerly direction and did not look in the southerly direction to see if there was any north bound traffic. As the yellow vehicle began to enter the north bound lane of Piilani Hwy., she said to herself "OH MY GOD" as she knew the vehicle was not going to stop.

Related that when she first observed the yellow compact vehicle, she was traveling

MOTOR VEHICLE ACCIDENT
PIILANI HWY.(31)
INTERSECTION OF MAPU PL.
KIHEI, MAUI, HI

06/01/90

90-030702
AUTO/MPVH
(FATAL)

Statement of Operator of Unit NO: 2 Continued;

at 45 miles per hour, her vehicle was just south of the intersection about a hundred feet or so. She had no time to brake, all she could do was turn to the left attempting to avoid a collision. However the collision was unavoidable, the yellow compact vehicle broadsiding her Bronco II on the passenger side. This collision caused her to lose control of the vehicle, with the vehicle eventually rolling over several times.

Related that when her vehicle finally came to rest, she found herself in the rear portion of the vehicle, it was on the east side of the roadway and over the guard rail. At this time she had no idea where her son([redacted] was. A caucasian male came up to her and asked if she was alright, with police and medic arriving a short time later. Nothing further to add at this time...

STATEMENT OF OCCUPANT OF UNIT NO: 2.

[redacted] Juvenile/Jpnse-Hawn/Male
DOB: [redacted] AGE: 7
[redacted] Kahului, HI PH: [redacted]
[redacted] - Student(1) PH: [redacted]

No statement was obtained from the Occupant of Unit NO: 2, a [redacted]
The Occupant of Unit NO: 2 was fatally injured in this Motor Vehicle Accident, expiring on 06/01/90 at 0709 hrs. within the Emergency Room of Maui Memorial Hospital.

STATEMENT/OTHER:

[redacted] Adult/Caucasian/Male
SS# [redacted] DOB: [redacted] AGE: 40
[redacted], Kihei, HI PH: [redacted]
Employment: Ash Tin Enterprises
Occupation: Owner PH: 879-5341

[redacted] was contacted on 06/02/90 at 2020 hrs., with the following statement being given at that time.

Related that on 06/01/90 at about 0544 hrs., traveling south on Piilani Hwy., was headed to a job in the Wailea area. As he approached the intersection, of Piilani Hwy., Mapu Pl., and Kilohana Dr., he observed a yellow compact(Toyota or Datsun) stopped at the posted stop sign on Mapu Pl.. He also observed a maroon colored vehicle, traveling north on Piilani Hwy., approaching the intersection from the south out of Wailea.

Related that as the maroon vehicle approached, about 90 to 100 feet south of the intersection, the yellow vehicle drove out into the north bound lane of Piilani Hwy.. The maroon vehicle then attempted to swerve to the left, apparently attempting to avoid a collision, but was hit broadside by the yellow vehicle. The maroon vehicle then went out of control, flipping over about two or three times, and skid in the north direction on its roof past his vehicle. The vehicle then collided

Statement of Other Continued;

with the metal guardrail, located east of the roadway, flipping over same.

Related that he stopped, observing a caucasian male exit the yellow vehicle and run over to the maroon vehicle. At this time, he left the accident scene to get to a phone and summon help. Nothing further to add at this time...

STATEMENT/OTHER:

[redacted] Adult/Hawaiian/Male
SS# [redacted] DOB: [redacted] AGE: 38
[redacted] Kahului, HI PH: [redacted]
Employment: Pacific Construction - Wailea
Occupation: Laborer PH: 879-6390

The following statement was obtained from [redacted]., on 06/01/90 at approximately 0650 hrs., at the Emergency Room of Maui Memorial Hospital.

Related that on 06/01/90 at about 0500 hrs., he was driven to work by his wife [redacted]A). They drove to Wailea, he is employed by Pacific Construction at the Grand Hyatt, via Piilani Hwy. and arrived at about 0530 hrs.. Their son, [redacted], was also in the vehicle.

Stated that after being dropped off, his wife left. However a short time later, he was informed by a friend([redacted]) that his vehicle was involved in a accident. He was taken to the scene, Piilani Hwy/Mapu Pl., by his friends. Nothing further to add...

INJURIES:

Injuries to the Operator of Unit NO: 2, a [redacted] are listed as contusions to the lower right leg and head. Complaint of pain to the neck area also noted.

Injuries to the Occupant of Unit NO: 1, [redacted] are listed as depressed skull fracture(left side) and abrasions to left facial area. Abrasions also noted on arms, legs and body.

PRONOUNCEMENT OF DEATH:

On 06/01/90 at 0709 hrs. Dr. Jonathan WEISUL made the Pronouncement of Death on a [redacted] at the Emergency Room of Maui Memorial Hospital.

NOTIFICATION NEXT OF KIN:

On 06/01/90 at 0715 hrs. a [redacted]. was informed of the death of his son, [redacted] at the Emergency Room of Maui Memorial Hospital.

MOTOR VEHICLE ACCIDENT
PIILANI HWY.(31)
INTERSECTION OF MAPU PL.
KIHEI, MAUI, HI

06/01/90

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(FATAL)

MORTUARY:

The family of the deceased requested that BORTHWICK Mortuary - BULGO's be contacted. Bert FREELAND, of the Medical Examiner's Office, was notified at 0800 hrs., arrived at 0820 hrs. and transported the deceased to the Anatomical Laboratory of Maui Memorial Hospital.

AUTOPSY REQUEST:

Request for Autopsy was prepared and submitted on 06/01/90 at 0935 hrs.. The original copy was given to Bert FREELAND within the Anatomical Laboratory, located at Maui Memorial Hospital. Refer to MPD Form 123-C.

An autopsy was performed, on [redacted] by Dr. [redacted] of the Honolulu Medical Examiner's Office on 06/01/90 at approximately 1000 hrs..

The results of the Autopsy are still pending, as the completed report has not been received as of this writing.

SOBRIETY:

Blood samples were obtained from both [redacted] the Operator of Unit NO: 1, and [redacted], the Operator of Unit NO: 2. These samples were obtained for determining a Blood Alcohol Content, if present.

The results of the Blood Test were received with the results for [redacted] being 0.00%, and for [redacted] being 0.00%.

The Blood samples were taken directly to Clinical Laboratories of Hawaii, located within Maui Memorial Hospital, for testing on 06/01/90 after being extracted.

>>>NOTE<<< Refer to MPD Form 312-A and MPD Form 341-B...

EVIDENCE:

None...

PHOTOGRAPHS:

All photographs of the scene, the vehicles involved, and the injuries sustained by the deceased in this Motor Vehicle Accident were taken by Wayland KUNITAKE, Identification Technician of the Maui County Police Department on 06/01/90.

Photographs to accompany this report...

NOTIFICATION OF OFFICIALS:

Officials were notified by Ofc. R. BELL on 06/01/90. LT. WM. MYERS, Commander of the Traffic Division, was informed by Central Dispatch.

Refer to MPD Form 2042-A

TRAFFIC SKETCH:

Submitted by Ofc. Hamilton RODRIGUES, Traffic Investigator, Traffic Division of the Maui County Police Department.

DISPATCH LOG:

Submitted by RTO Edward GOUVEIA Jr., Of Central Dispatch, Maui County Police Department.

CONCLUSION AND CAUSE OF ACCIDENT:

The investigation, thus far, reveals that on 06/01/90 at about 0546 hrs. Unit NO: 1 (HFR-304) being operated by a [redacted] was traveling west on Mapu Pl. in Kihei. Upon approaching the intersection of Piilani Hwy./Mapu Pl., Unit NO: 1 stopped at the posted stop sign at that location then drove into the north bound lane of Piilani Hwy. unaware of Unit NO: 2 traveling in same. Unit NO: 2(MPF-492), being operated by a [redacted] was traveling north on Piilani Hwy. and just south of the intersection, Piilani Hwy./Mapu Pl., on a portion of the highway which had just been open to traffic the day before. Unit NO: 1 collided with Unit NO: 2, broadside, causing the vehicle to overturn several times.

As a result of this collision, and Unit NO: 2 subsequently overturning several times, a juvenile male passenger([redacted]) was ejected from the vehicle. The juvenile was transported to the Emergency Room, of Maui Memorial Hospital, in Critical Condition where he expired on 06/01/90 at 0709 hrs. due to injuries sustained in this Motor Vehicle Accident. The Operator of Unit NO: 1 was also transported to the Emergency Room, of Maui Memorial Hospital, in Stable Condition, treated and released.

The Operator of Unit NO: 1 sustained no injuries in this Motor Vehicle Accident.

FINAL CHARGES:

The charges to be preferred against the Operator of Unit NO: 1, a [redacted] are NEGLIGENT HOMICIDE IN THE SECOND DEGREE(707-703 HRS) for causing the death of a [redacted] in a Motor Vehicle Accident which occurred on 06/01/90 and NEGLIGENT INJURY IN THE SECOND DEGREE(707-706 HRS) for causing injuries to a [redacted] the Operator of Unit NO: 2 on 06/01/90.

DISPOSITION:

Forward to the Department of the Prosecuting Attorney, County of Maui, for review...

Submitted By;

Ofc. Gregory B. MONIZ 7444
Maui County Police Dept. - Traffic Division
06/28/90 1215 hrs.

MOTOR VEHICLE ACCIDENT
PIILANI HIGHWAY (31)
INTERSECTION OF MAPU PL.
KIHEI, MAUI, HI.

06/01/90

90-030702
AUTO/MPVH
(FATAL)

ASSIGNMENT:

On Thursday, 06/28/90 at 1830 hours was requested to obtain information regarding vehicle bearing Hawaii State license # [redacted] from the registered owner, a [redacted] of [redacted], Kula, telephone [redacted]

Information requested was for the insurance company, expiration date and if GAVAGAN is still the legal owner.

STATEMENTS OF (PREVIOUS) OWNER:

[redacted]	:	Adult/Caucasian/Male/Citizen
Social Security #	:	[redacted]
DOB	:	[redacted]
Residence Address	:	[redacted] Kula, Maui, HI.
Telephone #	:	[redacted]
Employer	:	Maui Marriot, Kaanapali, Maui, HI.
Occupation	:	Landscape Supervisor
Telephone #	:	661-3387

At 2145 hours, contacted [redacted] same stated that he had sold the vehicle to [redacted] sometime ago. Added that he [redacted] had transfered the papers possibly May 21st or 22nd. The insurance he believes was Colonial Penn, which was canceled prior to the vehicle being sold. Per [redacted] vehicle had not been used for sometime.

Stated that he had met [redacted] through a friend whom informed him that [redacted] needed a vehicle. Nothing further to add....

DISPOSITION:

Pending.....

stacey r. yamashita
Police Officer III
06/29/90

E#7739
Traffic Division
0220 hours

MOTOR VEHICLE ACCIDENT
PIILANI HIGHWAY (31)
INTERSECTION OF
MAPU PLACE, KIHEI

06/01/90

90-030702
AUTO - MPV
(FATAL)

ASSIGNMENT:

On Friday, 06/01/90, at 0547 hours, the undersigned along with Officer Milton YAMASHIRO was assigned to a Motor Vehicle Accident on the Piilani Highway at the intersection of Kilohana Dr., with injuries.

ARRIVAL:

At 0555 hours, the undersigned arrived at the scene. Observed a maroon colored FORD "Bronco", resting on its roof, angled on the dirt embankment off of the east shoulder of the Piilani Hwy. Also noticed a yellow TOYOTA compact on the, east side, paved shoulder of Piilani Hwy. That the TOYOTA's front portion to be smashed in.

ACTIVITY:

Further checks of the scene, the undersigned located a local boy being tended to by a Caucasian male, known to this officer as [redacted] That [redacted] had a cloth compress over the child's forehead and eyes. Inspection of the child found child to be breathing heavily, large pool of blood had accumulated to the left side of the child's head. Injuries revealed that a large portion of the child's center right forehead torn away and still bleeding. [redacted] was instructed to keep compress over the injury at that time and to remain with the child.

[redacted] then point out that the mother, driver of the "Bronco", was laying within the drainage ditch, under the overturned vehicle. Checks of local female revealed same to be conscious and complaining of pain. Medic -3 arrived at the scene, the undersigned directed their attention to the local child at that time.

At 0603, paramedic M. MARTIN advised the undersigned to have additional Medic unit respond to the accident.

At 0604 hours, was appraised of the critical injuries, to the child. Central dispatch advised to start a running log. Also for Traffic and ID. Tech to be called to this accident. The scene was secured at this time by Officer M. YAMASHIRO and the undersigned.

Computer print outs were requested for MPF 492, FORD "Bronco" and HFR 304, TOYOTA "Tercel".

The undersigned was then approached by a Caucasian male and Caucasian female, both stating that they were in a vehicle to the rear of the maroon "Bronco". Further that, the Caucasian male wearing the aloha shirt was the driver of the yellow compact also involved in this accident. That the Caucasian male pointed out to be [redacted].

The undersigned confronted [redacted], whereby [redacted] acknowledged that he was the driver of the TOYOTA involved in this accident. [redacted] was then informed to await Traffic investigators for questioning.

MOTOR VEHICLE ACCIDENT 6/1/90 AUTO /TRUCK(FATAL)
PIILANI HWY(31)(MP#9) 90-030702
KILOHANA RD. KIHEI

ASSIGNMENT: On 6/1/90 at 0547 hours the undersign ,and Officer K. KIKUCHI were instructed by Central Dispatch to proceed to said location report of this Motor Vehicle accident.

ARRIVAL: At 0555 hours arrived at said location observed the following.

SCENE: Noticed a yellow colored compact sedan on the mauka shoulder, facing in the north direction ,and allege operator a caucasian male sitting along side of the roadway.Further noticed a red colored Ford Bronco vehicle laying on the passenger side, against a dirt embankment. Vehicle to be completely off the roadway between the guardrail, and concrete drainage ditch. Within the drianage ditch partially covered was a local female, allege operator of the Ford Bronco vehicle. Further to the north direction within the concrete drainage ditch was another person believed to be the passenger of the Bronco being tended by bystander.

FURTHER ACTIVITY:

Upon coordinating with Officer K. KIKUCHI the undersign positioned the Police to block the roadway to prevent any further accidents, and began traffic post duties. Awaited traffic units to conduct further investigation in this accident.

SUPERVISOR AT SCENE:

SGT B. YAMASHIRO at scene and coordinated with other units in this matter.

At 0700 hours was further instructed by SGT B. YAMASHIRO to terminate post due to other assisting units to handle post.

DISPOSITION: Pending further developments. Refer to assisting officers reports.

Submitted,

M.F. YAMASHIRO #4384
6/2/90 0330

Sgt. B. Yamashiro 3-091
6/2/90, 0700

MOTOR VEHICLE ACCIDENT 06/01/90 90-030702

WITNESS STATEMENT:

On 06/01/90 at 0610 hours, at the scene, obtained statement from;

[redacted]

ADDRESS : [redacted]
Plano, Texas [redacted]
TELEPHONE : [redacted]
S.S.N. : [redacted]
D.O.B. : [redacted]

Related that they, he and his wife, were in a vehicle north bound on Piilani Hwy. at about 0545 hours. That he was about 50 yards to the rear of the a maroon colored FORD, also headed north on Piilani Hwy. That he was travelling at about 45 MPH. Approaching the intersection of Piilani Hwy - Kilohana Dr - Mapu Pl., observed a yellow colored compact sedan, headed west on Mapu Pl. also approaching said intersection. That he noticed that the yellow compact to be slowing down but does not believe that it came to a complete stop at the intersection. That at the intersection, the yellow compact hit the right rear portion of the maroon vehicle. That after impact the maroon vehicle began to "fishtail" then begin to overturn. That the maroon vehicle overturned two or three times before landing on its roof, up the dirt embankment, off the right shoulder of Piilani Hwy. That he stopped at that time if he could be of assistance.

WITNESS STATEMENT:

On 06/01/90 at 0615 hours, at the scene, obtained statement from;

[redacted]

S.S.N. : [redacted]
D.O.B. : [redacted]

Related that she observed a yellow compact approaching the intersection from the right side of Piilani Hwy. That she thought that the yellow compact began to slow down, however did not completely stop at the intersection. That the yellow compact collided into the right rear portion of the maroon vehicle. Thus causing the maroon vehicle to lose control and begin to overturn.

ACTIVITY:

At 0700 hours, Traffic Officer R. BELL instructed the undersigned to transport [redacted] to the Wailuku station, where Traffic Officer G. MONIZ would take custody of [redacted].

At 0830 hours, BUTTERFIELD WAS TURNED OVER TO Officer G. MONIZ within the Wailuku station.

Submitted;

K. KIUCHI 6458
06/03/90

6/3/90 0700 hrs.

SENT BY:COUNTY OF MAUI :11-29-90 ; 8:45AM ; 8082437870- 5997770;#20

KANDA DUTTERFIELD

MPD # 90-030702

702

Miscellaneous

DATE	ROUTINE	CALL RPT.	STAT	OR ... AM	WRITTEN BY
6/01/90					

TIME DRAWN AM PM | TIME RPT CALLED AM PM | BY:

SPECIMEN | FASTING | RANDOM | TEST REQUESTED

HKO HOSP | HONOKAA HOSP | KOMOHANA | KONACOAST | KONA HOSP | LHMC | PONAHAWAI

FORM NO. 104 (REV. 8-83)
CHART COPY

BLOOD ALCOHOL = .0%

TECH. DATE [signature] 6/01/90

[illegible] 7447. [illegible] 06/[illegible] [illegible]

2 Copies: Original with blood sample
Copy to be attached to report
(Original to be returned after delivery is made to Government Physician's office)

Form No. 312-A

☐ NEEDLE/SYRINGE TO CONTAINER (capped and sealed)

ANTI-COAGULANT USED: _____ QUANTITY _____
(SHOULD BE SODIUM FLUORIDE 20mg/ml)

IF NOT SODIUM FLUORIDE, REASON UNAVAILABLE _____

PRESERVATIVE USED: _____ QUANTITY _____
(SHOULD BE SODIUM CITRATE OR POTASSIUM OXALATE OR EQUIVALENT, IN FINAL CONCENTRATION OF .3-.5 PERCENT.)

IF NOT SODIUM CITRATE OR POTASSIUM OXALATE, REASON UNAVAILABLE _____

AMOUNT OF BLOOD EXTRACTED: 5 ml.
(MUST BE AT LEAST FIVE [5] ml.)

★★ ATTACH "DUI STICKER" TO BLOOD SAMPLE ★★

1-Original: Police Report
1-Copy: Hospital
1-Copy: Prosecutor
MPD-FORM 341-8
(5/88)

Miscellaneous

DATE	ROUTINE	CALL RPT	STAT	D. N AM	WRITTEN BY	HILO HOSP
6/2/90						HONOKAA HOSP
						KOMOHANA
TIME DRAWN AM PM		TIME RPT CALLED AM PM				KONACOAST
TECH.		BY:				KONA HOSP
SPECIMEN	FASTING	TEST REQUESTED				LHMC
	RANDOM					PONAHAWAI

Charles P. Kuhia
MPD # 90-030702

2

FORM NO. 104 (REV. 8-83)
CHART COPY

Blood Alcohol - .0%.

TECH. DATE 6/01/90

Copy to be attached to report
(Original to be returned after delivery is made to Government Physician's office)

Form No. 312-A

☐ NEEDLE/SYRINGE TO CONTAINER (capped and sealed)

ANTI-COAGULANT USED: Sodium Fluoride QUANTITY 20mg/ml
(SHOULD BE SODIUM FLUORIDE 20mg/ml)

IF NOT SODIUM FLUORIDE, REASON UNAVAILABLE

PRESERVATIVE USED: Potassium Oxalate QUANTITY .3-.5%
(SHOULD BE SODIUM CITRATE OR POTASSIUM OXALATE OR EQUIVALENT, IN FINAL CONCENTRATION OF .3-.5 PERCENT.)

IF NOT SODIUM CITRATE OR POTASSIUM OXALATE, REASON UNAVAILABLE

AMOUNT OF BLOOD EXTRACTED: 5 ml.
(MUST BE AT LEAST FIVE [5] ml.)

★★ ATTACH "DUI STICKER" TO BLOOD SAMPLE ★★

1-Original: Police Report
1-Copy: Hospital
1-Copy: Prosecutor
MPD-FORM 301-B
(5/89)

MAUI COUNTY POLICE DEPARTMENT PROPERTY REPOR.

FORM 137

REPORT NO. 90-030702

TYPE OF PROPERTY

PRISONER PROPERTY RECEIPT — DATE ARRESTED | CHARGE | DISTRICT REPORT NO.

NAME OF PRISONER — LAST NAME — FIRST — MIDDLE | OFFICER CONDUCTING SEARCH

PRISONER SIGNATURE | DATE PROPERTY TAKEN - TIME | WITNESS TO SEARCH

PROPERTY RECEIPT — OFFICER RECEIVING PROPERTY: RODRIGUEZ, HAMILTON | DATE PROPERTY REC. - TIME: 6.01.90 09:00

NAME OF OWNER (IF KNOWN): [redacted] | LAST NAME: [redacted] | FIRST | MIDDLE | ADDRESS: [redacted] CIRCLE, KAH. HI.

EVIDENCE RECORD — CLASSIFICATION | DATE OCCURED | RECOVERED BY - TIME | DATE RECOVERED - TIME

COMPLAINANT — LAST NAME — FIRST — MIDDLE | ADDRESS

NAME OF OWNER — LAST NAME — FIRST — MIDDLE | ADDRESS

LOCATION/PERSON RECOVERED FROM — LAST NAME — FIRST — MIDDLE | ADDRESS

WITNESS TO RECOVERY — LAST NAME — FIRST — MIDDLE | ADDRESS

BRIEF FACTS AND CIRCUMSTANCES OF RECOVERY: ITEMS RECOVERED FROM WITHIN VEHICLE MPF 492 DURING INVESTIGATION OR THIS MVA.

IT. NO	QTY.	ITEM/ARTICLE	DESCRIPTION (TRADEMARK, COLOR, SIZE, ETC.)	SERIAL NO.	$ VALUE	WHERE NOW MARKED (EVIDENCE ONLY)
1	1	BLACK LADY'S HANDBAG CONTAINING THE				
			FOLLOWING ITEMS -			
			U.S. CURRENCY - 1 FIVE DOLLAR BILL		$5.00	
			7 DOLLAR BILLS		7.00	
			2 SILVER KEYS ON "LOVE" KEY RING			
			2 SILVER KEYS (U-2) + 1 GOLD COLORED			
			KEY ON CIRCULAR RING			
			BROWN LADY'S WALLET (COINS 444)			
			CARDS - FOODLAND [redacted]			
			PARADISE VIDEO # V 913, HI LIC.			
			# [redacted] PIONEER FED. # 570-			
			695500102848000, SEARS # 0053-			
			716371271, SS CARD + MISC PAPERS.			
			PIONEER FEDERAL CHECKBOOK			
			# 1177 - 1200 (NOTE: BLANK			
			CHECKS SIGNED CHARLENE P. KUHIA.			
			VEH. REGISTRATION - MPF 492			
				TOTAL	$12.44	

CHAIN OF CUSTODY / PROPERTY TRANSFER

ITEM NO.	RECEIVED FROM SIGNATURE	RECEIVED BY SIGNATURE	DATE	TIME
1	Hamilton Rodriguez 7442			

REPORT WRITTEN BY: Hamilton Rodriguez | DATE: 6.01.90 | TIME: 12:30 | SUPERVISOR APPROVAL | DATE | TIME

RECEIVED OF THE CHIEF OF POLICE, PER OFFICER HAMILTON RODRIGUEZ THE ABOVE DESCRIBED PROPERTY.

I HEREBY CERTIFY THAT I AM THE LEGAL OWNER OR LEGAL AGENT OF OWNER OF THE ABOVE DESCRIBED PROPERTY.

SIGNATURE: Charlene P. Kuhia | ADDRESS: 455 | STREET: IPU CIRCLE | CITY/TOWN: KAH. HI | STATE | DATE: 6.01.90 | TIME: 12

DATE: 6.01.90 | TIME: 12

SENT BY:COUNTY OF MAUI ;11-29-90 ; 6:46AM ;

MAUI COUNTY POLICE DEPARTMENT PROPERTY REPC

TYPE OF PROPERTY

PRISONER PROPERTY RECEIPT | DATE ARRESTED | CHARGE

NAME OF PRISONER | LAST NAME | FIRST | MIDDLE | OFFICER CONDUCTING SEARCH

PRISONER SIGNATURE | DATE PROPERTY TAKEN - TIME | WITNESS TO

PROPERTY RECEIPT | OFFICER RECEIVING PROPERTY | DATE

NAME OF OWNER (IF KNOWN) | LAST NAME | FIRST | MIDDLE | ADDRESS

EVIDENCE RECORD | CLASSIFICATION: MVA-Fatal | DATE OCCURED: 06 01 90 | RECOVERED BY | NAME | DATE RECOVERED

COMPLAINANT | LAST NAME | FIRST | MIDDLE | ADDRESS

Maui County Police Department | 55 Mahalani St., Wailuku, HI

NAME OF OWNER | LAST NAME | FIRST | MIDDLE | ADDRESS

LOCATION PERSON RECOVERED FROM | LAST NAME | FIRST | MIDDLE | ADDRESS

WITNESS TO RECOVERY | LAST NAME | FIRST | MIDDLE | ADDRESS

BRIEF FACTS AND CIRCUMSTANCES OF RECOVERY

ITEM NO.	QTY	ITEM/ARTICLE	DESCRIPTION (TRADEMARK, COLOR, SIZE, ETC.)	SERIAL NO.	$ VALUE	WHERE/HOW MARKED (EVIDENCE ONLY)
1.	61	Photographs	Photographs of vehicles, scene, and injuries			

CHAIN OF CUSTODY / PROPERTY TRANSFER

ITEM NO.	RECEIVED FROM SIGNATURE	RECEIVED BY SIGNATURE	DATE	TIME
1.	Ofc. g. MONIZ 7444			

REPORT WRITTEN BY: Ofc. g. MONIZ 7444 | DATE | TIME | SUPERVISOR APPROVAL | DATE | TIME

RECEIVED OF THE CHIEF OF POLICE PER OFFICER THE ABOVE DESCRIBED PROPERTY

HEREBY CERTIFY THAT I AM THE LEGAL OWNER OR LEGAL AGENT OF OWNER OF THE ABOVE DESCRIBED PROPERTY.

SIGNATURE | ADDRESS | STREET | CITY/TOWN | STATE | DATE | TIME

FINAL DISPOSITION OF PROPERTY | DATE | TIME

MOTOR VEHICLE ACCIDENT
PIILANI HIGHWAY (31)
INTERSECTION OF MAPU PL.,
KIHEI, MAUI HI.

6/01/90

90-030702
AUTO-MPVH
(FATAL)

ASSIGNMENT:

On 6/01/90, at about 0615 hours, the undersigned, while at home, received a telephone call from Communications Sergeant Charles RAPOZO. Sergeant RAPOZO informed this officer that a serious motor vehicle accident just occurred on Piilani Highway/Mapu Pl. and that one person was transported to the hospital in critical condition. Further instructed that traffic accident investigators were required to investigate this accident. The undersigned responded to the Wailuku Police Station, obtained my assigned police vehicle and proceeded to the scene.

ARRIVAL:

The undersigned arrived at the accident scene at 0732 hours on 6/01/90. Upon arrival observed Officer L. SANATANA, of the Patrol Division and Officers D. HONG and R. BELL at the scene. Apprised of accident by Officers BELL and HONG.

Also noticed were the vehicles involved. Unit One (HFR 304) was observed on the east side bike path of Piilani Highway, facing in the northeasterly direction. Damages were noted to the front of Unit One and damages indicated the direction of thrust was from the left side of the vehicle towards the right side.

Unit Two (MPF 492) was on the east side of Piilani Highway, north of Mapu Pl. and resting on the passenger side, partially on a dirt/grass embankment and partially over a concrete drainage culvert. Vehicle sustained extensive damages to its front, roof and right side.

<< NOTE: >> Final rest of Unit One was also on the north side of the intersection.

This officer proceeded to conduct the at scene investigation and was assisted by Officers D. HONG and R. BELL.

HIGHWAY DESCRIPTION/SCENE:

The accident scene was located on Piilani Highway at the intersection with Mapu Place and Kilohana Drive, Kihei, Maui. This intersection is located approximately .5 miles south of Mile Marker 9, Piilani Highway.

Piilani Highway is an undivided, two laned highway for north and southbound traffic. This highway also has a deceleration/left turn lane for vehicles turning onto Mapu Place and onto Kilohana Drive from Piilani Highway.

HIGHWAY DESCRIPTION/SCENE CONTINUED:

The centerlines at the scene are double, solid, yellow lines and the north and southbound traffic lanes are bordered by a solid white longitudinal line. These lanes measured twelve feet wide. On the north side of the intersection, there are bike paths on the east and west side of Piilani Highway. The east bike path is eleven feet wide and the west is ten feet wide. Alongside these bike paths are concrete gutters and metal guardrails. On the northeast corner of the intersection was a concrete drainage culvert, parallel with Piilani Highway. This culvert is about five feet wide, about ten feet deep, and forty-six feet long. Piilani Highway is constructed of asphalt and is maintained by the State of Hawaii.

Mapu Place is a two laned, undivided roadway for west and eastbound traffic and is located on the east side of Piilani Highway. At the intersection with Piilani Highway, there are double, solid, yellow centerlines on Mapu Place. Also a stop sign was posted on Mapu Place for traffic intending to proceed west or south onto Piilani Highway from Mapu Place. A yield sign is posted alongside Mapu Place/ Piilani Highway for traffic travelling north on Piilani Highway from Mapu Place.

Kilohana Drive is located on the west side of Piilani Highway, across Mapu Place and is a two laned, undivided roadway for west and eastbound traffic. At the intersection with Piilani Highway, the centerlines on Kilohana Drive are double, solid, yellow lines and a stop sign is posted on the southwest corner of the intersection.

Both Mapu Place and Kilohana Drive are constructed of asphalt and are maintained by the County of Maui.

REFERENCE POINT:

The prolongation on the north side of Mapu Place/Piilani Highway and the east side white solid line/prolongation were used to obtain the placement of evidence at this accident scene.

POINTS OF IMPACT:

The point of impact between Unit One and Unit Two is labelled "X" on the diagram submitted and was located six feet west of the east side longitudinal white line and one foot south of the north prolongation of Mapu Place. This point of impact was determined from driver one, [redacted] and vehicle debris.

"X-2" depicted on the diagram is the second point of impact where Unit Two's right front collided with the guardrail on the northeast side of the intersection. This point begins 115' north of the north prolongation of Mapu Place and continues 45' northward on the guardrail, located 11' east of the east white line of Piilani Highway.

SCRATCHES AND SCRAPES FROM UNIT TWO:

Scratches and scrapes on Piilani Highway caused by Unit Two after its collision with Unit One were located at the accident scene and are depicted on the diagram submitted. These marks are labelled A, B, C, D, E, and F.

A, caused by the left rear rim of Unit Two, begins 42'6" north of the north prolongation of Mapu Pl. and 10' west of the east white line of Piilani Highway. This mark ends 52'6" from the prolongation of Mapu Pl. and 8' west of the east white line of Piilani Highway. The mark has a very slight curve, almost straight, and striations indicate the vehicle was travelling northward, but facing northeast. A is a linear mark.

B, caused by the left front rim of Unit Two, begins 49'6" north from the prolongation of Mapu Place and is 3' from the east white line of Piilani Highway. This linear mark ends 53'6" north of Mapu Pl. and 1'6" west of the east bike path.

C, scratches on the roadway caused when Unit Two began to overturn, was a group of marks about 2' wide and 1' long. This mark begins 70' north of Mapu Pl. and is 4' west of the east bike path. These scratches end 73'6" north of Mapu Pl. and 3' west of the east bike path. The marks are linear scratches and indicate the vehicle was moving in the northeasterly direction.

D is another group of linear scratches, possibly caused when Unit Two was sliding on its roof. This group of scratches measured about 6' wide by 6' long and began approximately 81'6" and 87'6" north of Mapu Pl. Scratches were about 3' on the east bike path and about 3' on the northbound lane of Piilani Highway.

E is also a group of scratches measuring about 1'6" in length (northward) and the center of this group of scratches was located 93'6" north of Mapu Pl. These marks are on the east bike path, 5' east of the white solid line of Piilani Highway.

F is a scrape/linear mark (northward) that begins 96'6" north of Mapu Pl. and ends 100'6" north of Mapu Pl. The center of these marks are about 1'6" west of the east bike path. The north end of this mark is a northward linear scratch.

G is a linear scratch mark, which curves slightly towards the east. This mark begins 107'6" and ends 112'6" north of Mapu Pl. Both these points were 2' east of the east white line of Piilani Highway.

GRADE:

The grade of Mapu Pl. was -.07, west to east and the grade for Piilani Highway was -.04, north to south, at this accident scene.

CURVES AT INTERSECTION:

The curves at this accident scene were obtained by measuring the distance of each curve from its apex. The northwest corner of the intersection, Mapu Pl./ Piilani Highway measured 81', the southeast corner measured 46', the southwest corner, Kilohana Drive/Piilani Highway, measured 54' and the northwest corner measured 72'.

FINAL REST OF VEHICLES INVOLVED:

The placement of the final rest position of Unit One was deteremined by measurint location of left rear and front wheels of the vehicle. The left rear wheel of Unit One was 132'6" north of the north prolongation of Mapu Pl. and on the east white, longitudinal line of Piilani Highway. The left front wheel of Unit One was 140'6" north of Mapu Pl. and 1' east of the east white, longitudinal line of Piilani Highway.

Final rest of Unit Two was determined by measuring the placement of its right front and rear wheels. The right front wheel was 162' north of Mapu Pl. and 24' east of the east white, longitudinal line of Piilani Highway. The right rear wheel of Unit Two was 166' north of Mapu Pl. and 18' east of the east white longitudinal line of Piilani Highway. Unit Two came to rest on its left side and partially on a dirt/grass embankment and over a concrete draingae culvert on the northeast side of the intersection. Unit Two was facing towards the east.

FINAL REST OF PASSENGER FROM UNIT TWO:

Final rest of the passenger of Unit Two [redacted] was determined from a blood spot located on the east side gutter of Piilani Highway and also [redacted] was observed at the scene by Officer Kenneth KIKUCHI.

SPEED LIMIT SIGN:

A posted 45 mile per hour speed limit sign for traffic travelling north on Piilani Highway was located 1.1 miles south of the accident scene.

WEATHER:

There were clear skies and sunny conditions on the morning of this accident.

HIGHWAY CONDITION:

There were no obstructions or defects observed at the accident scene during this investigation.

MEASURING DEVICE:

A three hundred feet, fibre measuring tape was used to obtain the measurements at this accident scene.

SCALE:

The diagrams were prepared nearest the scale of one inch aquals twenty feet.

DIAGRAM DOCUMENTS:

The diagrams are submitted on two sheets measuring about 17" x 28". Diagram One depicts the direction of travel of Units One and Two, the final rest of both Units and a bloodspot on the gutter that indicates the final rest of the passenger that was ejected from Unit Two. Diagram Two depicts the points of impact and the scratches and scrapes on the roadway caused by Unit Two after the first impact with Unit One. The first point of impact were obtained from Traffic Investigators Randall BELL and David HONG who were at the scene prior to this officer.

A diagram of the scene was obtained from the State Highways Division, Kahului, Maui Hawaii. The original diagram is submitted with this report.

DISPOSITION:

PENDING PROSECUTION. A copy of report fowarded to the County Of Maui Prosecuting Attorney's Office for their perusal.

Hamilton Rodrigues

Hamilton RODRIGUES E 7442
T.A.I.S., Traffic Division
Maui County Police Department
6/29/90 1400 Hours

25

ABBITT & BENNETT
10920 Wilshire Boulevard
Suite 1600
Los Angeles, California 90024
213/824-0471 AB

Attorneys for Plaintiff

FILED
DEC 20 1985
GARY L. GRANVILLE, County Clerk
By _____ DEPUTY

ORIGINAL

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF ORANGE

DANIEL J. TRAIL, 1 Plaintiff, vs. FORD MOTOR COMPANY, INC., 2 a Corporation; THEODORE ROBBINS, 3 INC., a Corporation; LOS FELIZ FORD, 4 INC., a Corporation; and DOES 1 through 100, inclusive, Defendants.	CASE NO. 47-71-07 COMPLAINT FOR PERSONAL INJURIES CIV PL 000 #. 477107 0101 DEC.20'85 02:35PM 9299 CIV FLNG 102.00

COMES NOW PLAINTIFF, DANIEL J. TRAIL, AND ALLEGES AS FOLLOWS:

1. That at all times herein mentioned, Plaintiff, DANIEL J. TRAIL, was and is a resident of the County of Los Angeles, State of California.

2. Plaintiff is informed and believes and thereupon alleges that Defendants, FORD MOTOR COMPANY, INC., a Corporation (hereinafter referred to as "FORD"), and DOES 1 through 50, inclusive, and each of them, are now and at all times mentioned

CPL 301

herein were Corporations duly organized and existing under and by virtue of the law of a state of the United States of America and authorized to do business and are engaged in doing business in the State of California.

3. Plaintiff is informed and believes and thereon alleges that Defendants, THEODORE ROBBINS, INC., a Corporation (hereinafter referred to as "ROBBINS"), and DOES 51 through 75, inclusive, and each of them, are now and at all times herein mentioned were Corporations duly organized and existing under and by virtue of the laws of the State of California and authorized to do business and are engaged in doing business in the County of Orange, the County of Los Angeles, and the State of California, or that said DOES 51 through 75, inclusive, and each of them, are individuals residing in or doing business in the County of Orange and/or the County of Los Angeles, in the State of California.

4. Plaintiff is informed and believes and thereupon alleges that Defendants, LOS FELIZ FORD, INC., a Corporation, (hereinafter referred to as "LOS FELIZ FORD") and DOES 75 through 100, inclusive, and each of them, are now and at all times herein mentioned were Corporations duly organized and existing under and by virtue of the laws of the State of California and authorized to do business in and are engaged in doing business in the County of Los Angeles, State of California, or that said DOES 76 through 100, inclusive, and each of them, are individuals residing in or doing business in the County of Los Angeles, State of California.

5. That the true names and capacities of the Defendants, DOES 1 through 100, inclusive, whether individual, corporate, associate or otherwise, are not known to the Plaintiff

who therefore sues said Defendants by such fictitious names, and Plaintiff will ask leave of Court to amend this Complaint to show their true names and capacities when the same have been ascertained. Plaintiff is informed and believes and thereupon alleges that each of the Defendants designated herein as a DOE is negligently responsible in some manner for the events and happenings herein referred to and negligently caused the injuries and damages to Plaintiff as herein alleged.

6. That at all times herein mentioned, each Defendant was the agent and employee of the remaining Defendants, and in doing the things herein mentioned, each Defendant was acting within the course and scope of his employment and authority as such agent and employee and with the consent of their Co-Defendants.

7. The negligence of each Defendant combined and cooperated with the negligence of the other Defendants so as to cause the herein described incident and the resulting damages to said Plaintiff.

8. That all of the acts complained of herein occurred in a portion of the County of Los Angeles and the County of Orange, State of California.

9. That at all times herein mentioned, a portion of Interstate Highway 5, 1500 feet south of Mile Post 5 ORA 34/48 at its intersection 450 feet south of SR-57 O/C to westbound SR-22 is and was a public road and highway in a portion of the County of Orange, State of California.

10. That at all times herein mentioned, Plaintiff, DANIEL J. TRAIL, was the owner of that certain 1984 Ford Bronco

Truck bearing California License Plate No. 1KIT733.

11. That at all times herein mentioned, Plaintiff, DANIEL J. TRAIL, was the operator of said 1984 Ford Bronco Truck bearing California License Plate No. 1KIT733.

12. That on or about December 21, 1984, at or near the hour of 0400 at or near Interstate Highway 5, 1500 feet south of Mile Post 5 ORA 34/48, at the intersection which is 450 feet south of SR-57 O/C to westbound SR-22, County of Orange, State of California, the above-mentioned vehicle suddenly and without sufficient warning lost control. The vehicle in which Plaintiff, DANIEL L. TRAIL, occupied, once out of control, was caused to overturn inflicting serious, permanent and disabling injuries as herein alleged.

FIRST CAUSE OF ACTION AGAINST

FORD MOTOR COMPANY AND DOES 1 THROUGH 50

13. That at all times herein mentioned, Defendants, FORD and DOES 1 through 50, inclusive, were engaged in the business of manufacturing, compounding, packaging, designing, distributing, testing, constructing, fabricating, analyzing, recommending, merchandising, advertising, promoting, installing, maintaining, modifying, repairing and selling for a consideration a certain product known as a Ford Bronco Truck and its component parts, ingredients and constituents for use by the general public, such as Plaintiff, DANIEL J. TRAIL, for the purpose for which it was intended. Plaintiff alleges that said truck bore California License No. 1KIT733.

14. That at all times herein mentioned, the Defendants, and each of them, knew that said Ford Bronco Truck

bearing California License Plate No. 1KIT733, was to be used for the purpose of transportation. Defendants, and each of them, knew or in the exercise of reasonable care should have known that said Ford Bronco Truck was of such a nature that if it was not properly manufactured, compounded, tested, designed, inspected, repaired, modified, maintained, distributed, installed and marketed for the use and purpose for which it was intended, it was likely to injure the person by whom it was used.

15. That the Defendants, and each of them, so negligently and carelessly manufactured, compounded, tested, or failed to test, instructed, or failed to instruct, repaired, or failed to repair, maintained, or failed to maintain, distributed, or failed to distribute, recommended, modified, or failed to modify, or sold the aforementioned truck so that the same was defective and a dangerous product and unsafe for the use and purpose for which it was intended when used and applied as recommended by the Defendants, and each of them.

16. That the character of the aforementioned article and its component parts, were defective and dangerous, and they were unsafe for the use and purpose for which it was intended when used and applied as recommended by the Defendants, and each of them, and was known to the Defendants, and each of them, or in the exercise of reasonable care should have been known and discovered by the Defendants, and each of them. Furthermore, the defective and dangerous character of the said aforementioned article was not made known to the Plaintiff by the Defendants, and each of them.

17. That prior to December 21, 1984, FORD and DOES 1 through 50, inclusive, acting individually or through an authorized agent or employee, did so negligently design, engineer, manufacture, assemble, repair, maintain, modify, make ready for delivery and deliver a Ford Bronco Truck or component parts thereof so as to directly and proximately cause said vehicle, including component part or parts thereof, to fail and contribute to the cause of injuries to the Plaintiff.

18. That on or about December 21, 1984, Plaintiff is informed and believes and thereupon alleges that the transmission attached to the said 1984 Ford Bronco failed to partially or completely function properly causing Plaintiff to sustain injuries as hereinafter set forth. Plaintiff alleges that said damages and injuries were the direct and proximate cause of the negligent acts of Defendants as stated above.

19. That on or about December 21, 1984, the said vehicle overturned and the harness seat belt worn by Plaintiff partially or completely came free and failed to restrain the Plaintiff upon impact and so unravelled so as to cause Plaintiff to come out of the seat belt harness and fly free of the vehicle thereby proximately causing Plaintiff to sustain injuries as hereinafter set forth. Plaintiff further alleges that said damages and injuries were the direct and proximate cause of the negligent acts of Defendants as stated above.

20. That as a proximate result of said negligence of Defendants, and each of them, Plaintiff was hurt and injured in Plaintiff's health, strength and activity, sustaining injuries which cause and continue to cause Plaintiff great mental,

physical and nervous pain and suffering. Plaintiff is informed and believes and thereon alleges that said injuries will result in permanent disability to Plaintiff, all to Plaintiff's general damage in an amount in excess of the minimum jurisdictional limits of this Court.

21. As a further and proximate result of the negligence, carelessness and recklessness of the Defendants, and each of them, as aforesaid, Plaintiff has incurred and will in the future incur x-ray, medical and sundry expenses in the examination, care and treatment of Plaintiff's injuries, the exact nature and extent of which are unknown to Plaintiff at this time, and Plaintiff will ask leave of Court to amend this Complaint in this regard when the same are ascertained.

22. As a further, direct and proximate result of the negligence, carelessness and recklessness of Defendants, and each of them, as aforesaid, Plaintiff has been and will be unable to pursue Plaintiff's vocation, and has, therefore, suffered and will suffer in the future a loss of earnings and earning capacity, the exact amount of which is unknown to Plaintiff at this time, and Plaintiff will ask leave of Court to amend this Complaint in this regard when the same is ascertained.

SECOND CAUSE OF ACTION AGAINST

FORD MOTOR COMPANY, INC., AND DOES 1 THROUGH 50

23. Plaintiff repeats and realleges all of the allegations contained in Paragraphs 1 through 22 of the First Cause of Action with the same force and effect as though the same were set forth herein.

24. That at all times herein mentioned, and on or before December 21, 1984, the Defendants, FORD and DOES 1 through 50, inclusive, sold said Ford Bronco Truck bearing California License Plate No. 1KIT733 for the purpose for which it was intended, that being transportation. The Defendants, and each of them, impliedly warranted to the general public, including the Plaintiff, that the above-mentioned article was of marketable quality and safe for the use for which it was intended, namely for transportation.

25. Plaintiff herein relied upon said relationship in the skill and judgment of the Defendants, and each of them, in selecting, maintaining and repairing said above-mentioned article.

26. Said product was not safe for its intended use or of merchandable quality as warranted by the Defendants, and each of them, in that the transmission did not properly work, partially or completely, so that it was caused to lose control and roll over thereby causing serious and permanent injuries to Plaintiff, and thereby demonstrating that said vehicle was not safe for normal transportation. Plaintiff further alleges that said product was not safe for its intended use or of merchantable quality as warranted by the Defendants in that the seat belt harness worn by the Plaintiff was not able to secure him when the vehicle rolled over so that Plaintiff was thrown from the vehicle thereby causing serious and permanent injuries to the Plaintiff, and therefore demonstrating that said vehicle was not safe for normal transportation.

27. As a proximate result of the breach of said implied warranty, Plaintiff sustained the injuries and damages as hereinbefore set forth.

THIRD CAUSE OF ACTION AGAINST

FORD MOTOR COMPANY, INC., AND DOES 1 THROUGH 50

28. Plaintiff repeats and realleges Paragraphs 1 through 22 of the First Cause of Action with the same force and effect as though the same were set forth herein.

29. That at all times herein mentioned, and on and before December 21, 1984, the Defendants, and each of them, by use of various advertising media, pamphlets and brochures, urged the use and application of said Ford Bronco Truck and its component parts and expressly warranted to the general public and to persons such as Plaintiff and other members of the general public that said product was effective, proper and safe for use as a transportation vehicle.

30. Plaintiff relied upon the express warranty representations of the Defendants, and each of them, in the use of said Ford Bronco Truck bearing California License Plate No. 1KIT733 and its component parts.

31. Said product was not safe for its intended use or of merchantable quality which was warranted by the Defendants in that the transmission failed, partially or completely, to perform thereby causing the vehicle to sustain a roll-over thereby causing serious and permanent injuries to the Plaintiff, and therefore demonstrating that said vehicle was not safe transportation. Plaintiff further alleges that said product was not safe for its intended use or of merchantable quality as

warranted by the Defendants in that the seat belt harness worn by Plaintiff did not properly perform so as to secure Plaintiff in the vehicle when the vehicle rolled over, but instead, came loose and thereby caused Plaintiff to come out of the seat belt and be thrown from the vehicle thereby causing serious and permanent injuries to the Plaintiff, and therefore demonstrating that said vehicle was not safe for normal transportation.

32. As a proximate result of the breach of said express warranty, Plaintiff sustained the injuries and damages, as hereinbefore set forth.

FOURTH CAUSE OF ACTION AGAINST

FORD MOTOR COMPANY, INC., AND DOES 1 THROUGH 50

33. Plaintiff repeats and realleges Paragraphs 1 through 22 of the First Cause of Action herein with the same force and effect as though the same were set forth herein.

34. The Defendants, and each of them, manufactured, compounded, packaged, designed, distributed, tested, constructed, fabricated, analyzed, recommended, merchandised, advertised, promoted, maintained, repaired, or failed to repair, modified, or failed to modify, installed and sold a certain Ford Bronco Truck bearing California License No. 1KIT733, and its component parts, ingredients and constituents, which were intended by the Defendants, and each of them, to be used for the purpose of transportation.

35. Defendants, and each of them, either knew or should have known, that they placed a product in the stream of commerce for the general public; that the Defendants, and each of them, knew or should have known that said product was to be

purchased and used without inspection for defects by the Plaintiff herein, that Plaintiff is informed and believes and upon such information and belief alleges, that said product was defective in some way when it was placed in the stream of commerce for use by the general public and in particular, the Plaintiff herein, by the Defendants, and each of them.

36. That said Ford Bronco Truck bearing California License Plate No. 1KIT733 and its component parts, were unsafe for their intended use of transportation by reason of defects in manufacturing, ingredients, installation, and in its component parts so that said Ford Bronco Truck could not be used safely for its intended purpose and as a result caused the transmission, partially or completely, to fail to perform and caused the seat belt to fail to perform thereby causing serious and permanent injuries to the Plaintiff when being used for its designed purpose. As a direct and proximate result of the defective aforementioned article, Plaintiff sustained the injuries and damages as hereinabove set forth for which the Defendants, and each of them, are strictly liable on tort.

FIFTH CAUSE OF ACTION AGAINST

THEODORE ROBBINS, INC., AND DOES 51 THROUGH 75

37. Plaintiff repeats and realleges Paragraphs 1 through 16, inclusive, and Paragraphs 20 and 21 of the First Cause of Action and incorporates them herein by this reference as though set forth herein.

38. That at all times herein mentioned, Defendants, ROBBINS and DOES 51 through 75, inclusive, were engaged in the business of maintaining, modifying, servicing and repairing for a

consideration Ford Bronco Trucks and their component parts, ingredients and constituents for persons of the general public and for persons such as DANIEL J. TRAIL. Plaintiff alleges that Defendants, and each of them, maintained, modified, repaired and serviced Plaintiff's 1984 Ford Bronco Truck bearing California License Plate No. 1KIT733.

39. That at all times herein mentioned, the Defendants, and each of them, knew that said Ford Bronco Truck bearing California License Plate No. 1KIT733 was to be used for the purpose of transportation after said maintenance, modification, repair or service. Defendants, and each of them, knew or in the exercise of care should have known that said Ford Bronco Truck was not properly repaired, modified, maintained or serviced for the use and purpose for which it was intended, and it was likely to injure the person by whom it was used.

40. That the Defendants, and each of them, so negligently and carelessly repaired, or failed to repair, maintained, or failed to maintain, modified, or failed to modify, serviced, or failed to service, the said aforementioned Truck so that the same was defective and a dangerous product and unsafe for the use and purpose for which it was intended when used and applied as recommended by the Defendants, and each of them.

41. That the character of said aforementioned article and its component parts and servicing, maintenance, repair and modification, were defective and dangerous, and unsafe for the use and purpose for which it was intended when used and applied as recommended by the Defendants, and each of them, and was known to the Defendants, and each of them, or in the exercise of

reasonable care should have been known and discovered by the Defendants, and each of them. Furthermore, the defective and dangerous character of the maintenance, modification, repair and service was not made known to the Plaintiff by the Defendants, and each of them.

42. That prior to December 21, 1984, Defendants, ROBBINS and DOES 51 through 75, inclusive, acting individually or through an authorized agent or employee, did so negligently maintain, service, repair or modify the Ford Bronco Truck or component parts thereof so as to directly and proximately cause said vehicle, including a component part or parts thereof, to fail and contribute to the cause of injuries to Plaintiff.

43. That on or about December 21, 1984, Plaintiff is informed and believes and thereupon alleges that the transmission attached to the said 1984 Ford Bronco failed to partially or completely function properly causing Plaintiff to sustain injuries as hereinafter set forth. Plaintiff alleges that said damages and injuries were the direct and proximate cause of the negligent acts of Defendants as stated above.

44. That on or about December 21, 1984, the said vehicle overturned and the harness seat belt worn by Plaintiff partially or completely came free and failed to restrain the Plaintiff upon impact and so unravelled so as to cause Plaintiff to come out of the seat belt harness and fly free of the vehicle thereby proximately causing Plaintiff to sustain injuries as hereinafter set forth. Plaintiff further alleges that said damages and injuries were the direct and proximate cause of the negligent acts of Defendants as stated above.

45. As a proximate result of the breach of said implied warranty, Plaintiff sustained the injuries and damages as hereinbefore set forth.

SIXTH CAUSE OF ACTION AGAINST

LOS FELIZ FORD, INC., AND DOES 76 THROUGH 100

46. Plaintiff repeats and realleges all of the allegations contained in Paragraphs 1 through 16, inclusive, and Paragraphs 20 and 21 of the First Cause of Action herein with the same force and effect as through the same were set forth herein.

47. That at all times herein mentioned, Defendants, LOS FELIZ FORD and DOES 76 through 100, inclusive, were engaged in the business of maintaining, modifying, servicing and repairing for a consideration Ford Bronco Trucks and their component parts, ingredients and constituents for persons of the general public and for persons such as DANIEL J. TRAIL. Plaintiff alleges that Defendants, and each of them, maintained, modified, repaired and serviced Plaintiff's 1984 Ford Bronco Truck bearing California License Plate No. 1KIT733.

48. That at all times herein mentioned, the Defendants, and each of them, knew that said Ford Bronco Truck bearing California License Plate No. 1KIT733 was to be used for the purpose of transportation after said maintenance, modification, repair or service. Defendants, and each of them, knew or in the exercise of care should have known that said Ford Bronco Truck was not properly repaired, modified, maintained or serviced for the use and purpose for which it was intended, and it was likely to injure the person by whom it was used.

49. That the Defendants, and each of them, so negligently and carelessly repaired, or failed to repair, maintained, or failed to maintain, modified, or failed to modify, serviced, or failed to service, the said aforementioned Truck so that the same was defective and a dangerous product and unsafe for the use and purpose for which it was intended when used and applied as recommended by the Defendants, and each of them.

50. That the character of said aforementioned article and its component parts and servicing, maintenance, repair and modification, were defective and dangerous, and unsafe for the use and purpose for which they were intended when used and applied as recommended by the Defendants, and each of them, and were known to the Defendants, and each of them, or in the exercise of reasonable care should have been known and discovered by the Defendants, and each of them. Furthermore, the defective and dangerous character of the maintenance, modification, repair and service was not made known to the Plaintiff by the Defendants, and each of them.

51. That prior to December 21, 1984, Defendants, LOS FELIZ FORD and DOES 76 through 100, inclusive, acting individually or through an authorized agent or employee, did so negligently maintain, service, repair or modify the Ford Bronco Truck or component parts thereof so as to directly and proximately cause said vehicle, including a component part or parts thereof, to fail and contribute to the cause of injuries to Plaintiff.

52. That on or about December 21, 1984, Plaintiff is informed and believes and thereupon alleges that the transmission

attached to the said 1984 Ford Bronco failed to partially or completely function properly causing Plaintiff to sustain injuries as hereinafter set forth. Plaintiff alleges that said damages and injuries were the direct and proximate cause of the negligent acts of Defendants as stated above.

53. That on or about December 21, 1984, the said vehice overturned and the harness seat belt worn by Plaintiff partially or completely came free and failed to restrain the Plaintiff upon impact and so unravelled so as to cause Plaintiff to come out of the seat belt harness and fly free of the vehicle thereby proximately causing Plaintiff to sustain injuries as hereinafter set forth. Plaintiff further alleges that said damages and injuries were the direct and proximate cause of the negligent acts of Defendants as stated above.

54. As a proximate result of the breach of said implied warranty, Plaintiff sustained the injuries and damages as hereinbefore set forth.

WHEREFORE, Plaintiff, DANIEL J. TRAIL, prays for Judgment against the Defendants, and each of them, as follows:

1. For general damages in an amount in excess of the minimum jurisdictional limits of this Court;

2. For the reasonable value of medical expenses, x-rays, laboratory procedures, hospitalization, nursing care and attention, drugs and sundries, according to proof;

3. For such loss of income and income capacity as may be proven at the time of trial;

4. For costs of suit incurred herein; and

5. For such other and further relief as this Court may

deem just and proper.

Dated: December 20, 1985

ABBITT & BENNETT

By: _____

JAMES R. WALSH
Attorneys for Plaintiff,
DANIEL J. TRAIL

JRW:slw:8000

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS	NO. INJURED	H & R FELONY	CITY	JUDICIAL DISTRICT	NUMBER
	1	☐	ORANGE	CENTRAL	12 81 360
	NO. KILLED	H & R MISD.	COUNTY / REPORTING DISTRICT	BEAT	
	0	☐	ORANGE / 675	502	

LOCATION

COLLISION OCCURRED ON	MO. DAY YR.	TIME (2400)	MCIC NUMBER	OFFICER I.D.
I-5	12 21 84	0405	9675	10866

MILEPOST INFORMAYION: 1500 FEET S OF MILEPOST 5 ORA 34.48

☐ AT INTERSECTION WITH
☐ OR: 450 FEET/~~MILES~~ S OF SR-57 O/C TO W/B SR-22

INJURY, ~~FATAL~~ TOW AWAY: ☒ YES ☐ NO

STATE HIGHWAY RELATED: ☒ YES ☐ NO

PHOTOGRAPHS: ☐ YES ☒ NO

PARTY 1

NAME (FIRST, MIDDLE, LAST)	[redacted]	OWNER'S NAME	☒ SAME AS DRIVER
DRIVER — STREET ADDRESS	[redacted]	HOME PHONE	[redacted]
OWNER'S ADDRESS	☒ SAME AS DRIVER		
PEDESTRIAN — CITY/STATE/ZIP	LOS ANGELES CA	BUSINESS PHONE	[redacted]
DISPOSITION OF VEH.	WRECKER	ON ORDERS OF	☐ OFFICER ☒ DRIVER ☐ OTHER
PARKED VEH. — DRIVER'S LICENSE NUMBER	[redacted]	STATE	
BIRTHDATE	[redacted]	SEX	M
RACE	—	DIRECTION OF TRAVEL	S
ON/~~ACROSS~~ (STREET OR HIGHWAY)	I-5	SPEED LIMIT	55
BICYCLIST — VEH. YR(S)	84	MAKE(S)/MODEL(S)/COLOR(S)	FORD/PU/BLK
LICENSE NO.(S)	[redacted]	STATE(S)	CA
OTHER		CHP USE ONLY VEHICLE TYPE	23
VEHICLE DAMAGE—EXTENT/LOCATION	☐ MINOR ☐ MODERATE ☐ MAJOR ☒ TOTAL		ROLL OVER

PARTY 2

NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME	☐ SAME AS DRIVER
DRIVER — STREET ADDRESS		HOME PHONE	
OWNER'S ADDRESS	☐ SAME AS DRIVER		
PEDESTRIAN — CITY/STATE/ZIP		BUSINESS PHONE	
DISPOSITION OF VEH.		ON ORDERS OF	☐ OFFICER ☐ DRIVER ☐ OTHER
PARKED VEH. — DRIVER'S LICENSE NUMBER		STATE	
BIRTHDATE MO. DAY YR.		SEX	
RACE		DIRECTION OF TRAVEL	
ON/ACROSS (STREET OR HIGHWAY)		SPEED LIMIT	
BICYCLIST — VEH. YR(S)		MAKE(S)/MODEL(S)/COLOR(S)	
LICENSE NO.(S)		STATE(S)	
OTHER		CHP USE ONLY VEHICLE TYPE	
VEHICLE DAMAGE—EXTENT/LOCATION	☐ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL		

PARTY 3

NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME	☐ SAME AS DRIVER
DRIVER — STREET ADDRESS		HOME PHONE	
OWNER'S ADDRESS	☐ SAME AS DRIVER		
PEDESTRIAN — CITY/STATE/ZIP		BUSINESS PHONE	
DISPOSITION OF VEH.		ON ORDERS OF	☐ OFFICER ☐ DRIVER ☐ OTHER
PARKED VEH. — DRIVER'S LICENSE NUMBER		STATE	
BIRTHDATE MO. DAY YR.		SEX	
RACE		DIRECTION OF TRAVEL	
ON/ACROSS (STREET OR HIGHWAY)		SPEED LIMIT	
BICYCLIST — VEH. YR(S)		MAKE(S)/MODEL(S)/COLOR(S)	
LICENSE NO.(S)		STATE(S)	
OTHER		CHP USE ONLY VEHICLE TYPE	
VEHICLE DAMAGE—EXTENT/LOCATION	☐ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL		

PARTY 4

NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME	☐ SAME AS DRIVER
DRIVER — STREET ADDRESS		HOME PHONE	
OWNER'S ADDRESS	☐ SAME AS DRIVER		
PEDESTRIAN — CITY/STATE/ZIP		BUSINESS PHONE	
DISPOSITION OF VEH.		ON ORDERS OF	☐ OFFICER ☐ DRIVER ☐ OTHER
PARKED VEH. — DRIVER'S LICENSE NUMBER		STATE	
BIRTHDATE MO. DAY YR.		SEX	
RACE		DIRECTION OF TRAVEL	
ON/ACROSS (STREET OR HIGHWAY)		SPEED LIMIT	
BICYCLIST — VEH. YR(S)		MAKE(S)/MODEL(S)/COLOR(S)	
LICENSE NO.(S)		STATE(S)	
OTHER		CHP USE ONLY VEHICLE TYPE	
VEHICLE DAMAGE—EXTENT/LOCATION	☐ MINOR ☐ MODERATE ☐ MAJOR ☐ TOTAL		

HDQTS.
D. O. T.
CO. RDS.
P. D.
CORONER
N. P. or P. P.
CONSTR. AREA
MILITARY
SCHOOL BUS
OTHER

TRAFFIC COLLISION CODING

DATE OF COLLISION	TIME (2400)	HCIC NUMBER	OFFICER I.D.	NUMBER
MO. 12 DAY 21 YR. 84	0405	9675	10866	12 81 360

PROPERTY DAMAGE

DESCRIPTION OF DAMAGE: NONE

[redacted]R'S NAME/ADDRESS

NOTIFIED ☐ YES ☐

VIOLATION(S) CHARGED	PARTY 1	PARTY 2	PARTY 3	PARTY 4

PRIMARY COLLISION FACTOR (LIST NUMBER (#) OF PARTY AT FAULT)

- # 1 A VC SECTION VIOLATION: 22107
- # B OTHER IMPROPER DRIVING*
- C OTHER THAN DRIVER*
- D UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

- [X] A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG
- F OTHER*:
- G WIND

LIGHTING

- A DAYLIGHT
- B DUSK—DAWN
- [X] C DARK—STREET LIGHTS
- D DARK—NO STREET LIGHTS
- E DARK—STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

- [redacted]DRY
- B WET
- C SNOWY—ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 3 ITEMS)

- A HOLES, DEEP RUTS*
- B LOOSE MATERIAL ON ROADWAY*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION-REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*:
- [X] H NO UNUSUAL CONDITIONS

RIGHT OF WAY CONTROL

- A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING
- C CONTROLS OBSCURED
- [X] D NO CONTROLS PRESENT

TYPE OF COLLISION

- A HEAD-ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- [X] E HIT OBJECT
- F OVERTURNED
- G AUTO/PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH

	1	2	3	4
A NON-COLLISION				
B PEDESTRIAN				
C OTHER MOTOR VEHICLE	[X]			
D MOTOR VEH. ON OTHER ROADWAY				
E PARKED MOTOR VEHICLE				
F TRAIN				
G BICYCLE				
H ANIMAL:				
I FIXED OBJECT: CURB	[X]			
J OTHER OBJECT:				

PEDESTRIAN'S ACTION

- [X] A NO PEDESTRIAN INVOLVED
- B CROSSING IN CROSSWALK AT INTERSECTION
- C CROSSING IN CROSSWALK—NOT AT INTERSECTION
- D CROSSING—NOT IN CROSSWALK
- E IN ROAD—INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACHING/LEAVING SCHOOL BUS

TYPE OF VEHICLE

	1	2	3	4
A PASSENGER CAR/STA. WAGON				
B PASSENGER CAR W/TRAILER				
C MOTORCYCLE/SCOOTER				
D PICKUP OR PANEL TRUCK				
E PICKUP/PANEL TRK W/TRLR				
F TRUCK OR TRUCK TRACTOR				
G TRK/TRK TRACTOR W/TRLR				
H SCHOOL BUS				
I OTHER BUS				
J EMERGENCY VEHICLE				
K HWY CONST. EQUIPMENT				
L BICYCLE				
M OTHER VEHICLE				
N PEDESTRIAN				
O MOPED				

OTHER ASSOCIATED FACTOR (MARK 1 TO 3 ITEMS)

	1	2	3	4
A VC SECTION VIOLATION: 22350				
B VC SECTION VIOLATION:				
C VC SECTION VIOLATION:				
D VC SECTION VIOLATION:				
E VISION OBSCUREMENTS:				
F INATTENTION				
G STOP & GO TRAFFIC				
H ENTERING/LEAVING RAMP				
I PREVIOUS COLLISION				
J UNFAMILIAR WITH ROAD	[X]			
K DEFECTIVE VEH. EQUIP.:				
L UNINVOLVED VEHICLE				
M OTHER*:				
N NONE APPARENT				
O RUNAWAY VEHICLE				

MOVEMENT PRECEDING COLLISION

- A STOPPED
- B PROCEEDING STRAIGHT
- C RAN OFF ROAD
- D MAKING RIGHT TURN
- E MAKING LEFT TURN
- F MAKING U TURN
- G BACKING
- H SLOWING—STOPPING
- I PASSING OTHER VEHIC
- J CHANGING LANES
- K PARKING MANEUVER
- L ENTERING TRAFFIC FR SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE
- M OTHER UNSAFE TURNIN
- N XING INTO OPPOSING LA
- O PARKED
- P MERGING
- Q TRAVELING WRONG WA
- [X] R OTHER*:

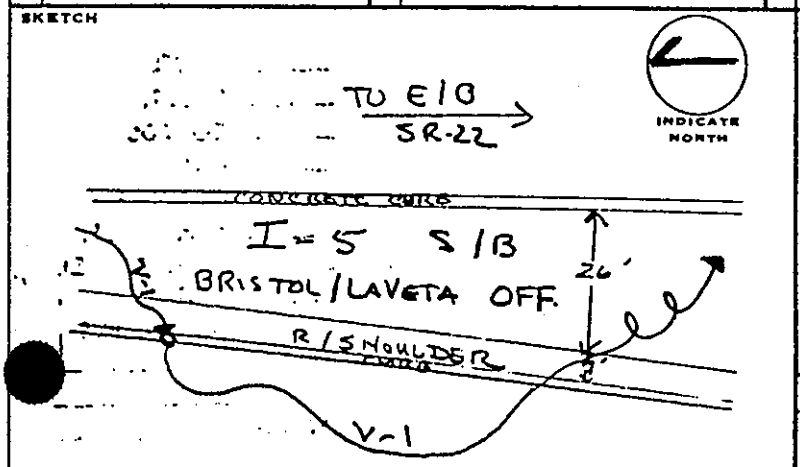
SOBRIETY—DRUG—PHYSICAL (MARK 1 TO 2 ITEMS)

	1	2	3	4
A HAD NOT BEEN DRINKI				
B HBD—UNDER INFLUENC				
C HBD—NOT UNDER INFL				
D HBD—IMPAIRMENT UNK				
E UNDER DRUG INFLUENC				
F IMPAIRMENT—PHYSICAL				
G IMPAIRMENT NOT KNOW				
H NOT APPLICABLE				
I SLEEPY/FATIGUED				

SPECIAL INFORMATIC

- A HAZARDOUS MATERIAL
- B FIRE INVOLVED*
- C TIRE DEFECT/FAILURE

SKETCH



MISCELLANEOUS

PHYSICAL DESCRIPTION OF PARTY

NUMBER	HAIR	EYES	HEIGHT	WEIGHT

PREPARER'S NAME	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR
M. M. HEILMANN	10866	12-21-84		

*Explain in narra

INJURED/WITNESSES/PASSENGERS

PAGE 3

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO. 12 DAY 21 YR. 84	0405	9675	10866	12 81 360

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY (check one): FATAL INJURY	SEVERE WOUND DISTORTED MEMBER	OTHER VISIBLE INJURIES	COMPLAINT OF PAIN	INJURED WAS (check one): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER
		21	M		X			X					1

NAME P-1 TAKEN TO (INJURED ONLY) WESTERN MED. CENTER

ADDRESS TELEPHONE

NAME TAKEN TO (INJURED ONLY)

ADDRESS TELEPHONE

NAME TAKEN TO (INJURED ONLY)

ADDRESS TELEPHONE

NAME TAKEN TO (INJURED ONLY)

ADDRESS TELEPHONE

NAME TAKEN TO (INJURED ONLY)

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ADDRESS TELEPHONE

NAME TAKEN TO (INJURED ONLY)

ADDRESS TELEPHONE

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY (check one): FATAL INJURY	SEVERE WOUND DISTORTED MEMBER	OTHER VISIBLE INJURIES	COMPLAINT OF PAIN	INJURED WAS (check one): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER

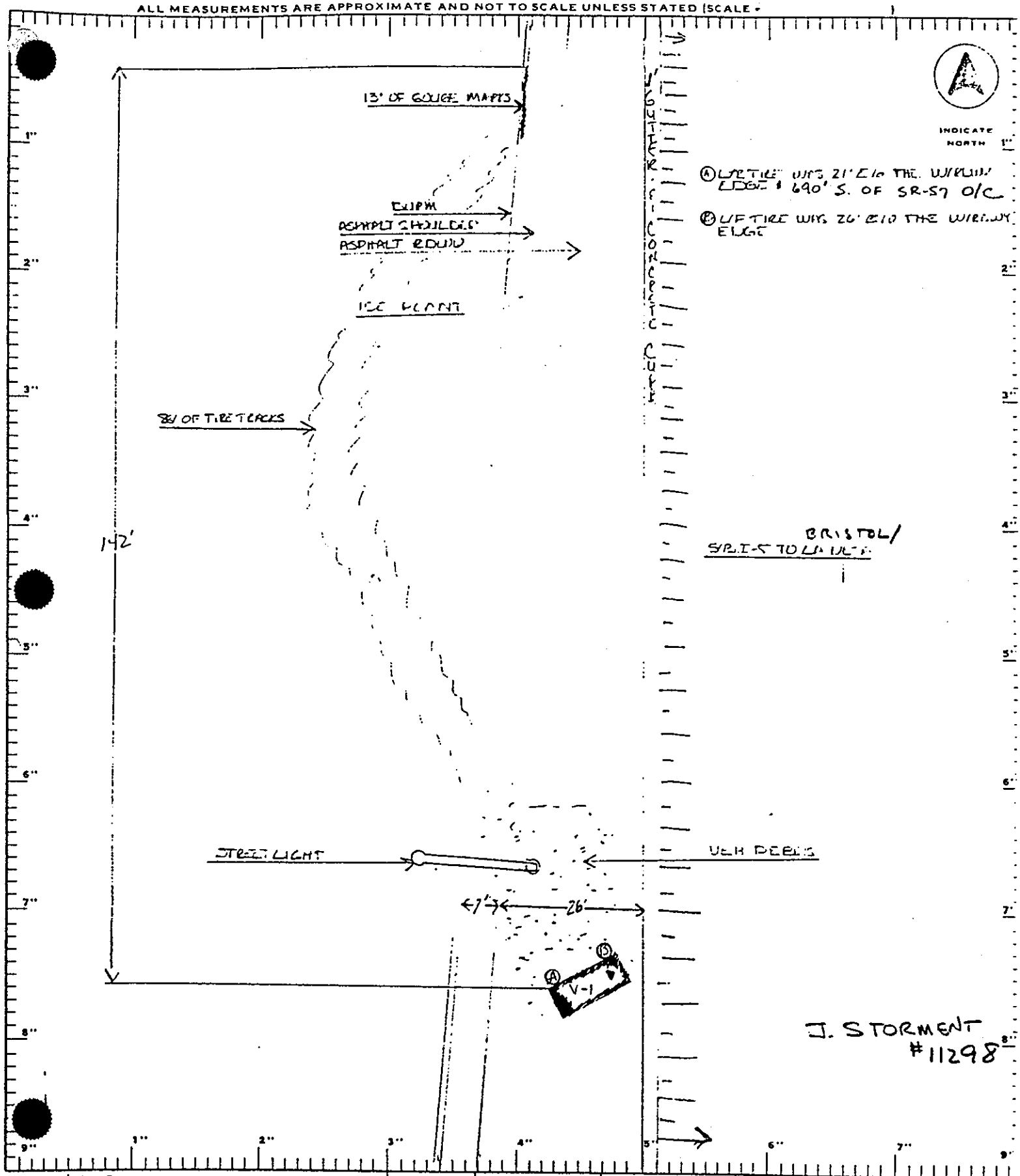
PREPARER'S NAME	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
M. M HEILMANN	10866	12-22-84		

FACTUAL DIAGRAM

PAGE 4

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICE I.D.	NUMBER
MO. 12 DAY 21 YR. 84	0405	9675	10866	12 81 360

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -)



PREPARER'S NAME	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
M M. HEILMANN	10866	12-22-84		

85747-455 7/82 1,000 M - 02

NARRATIVE/SUPPLEMENTAL

CHECK ONE: ☒ NARRATIVE ☐ SUPPLEMENTAL

CHECK ONE: ☒ COLLISION REPORT ☐ OTHER:

DATE OF ORIGINAL INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO. 12 DAY 22 YR. 84	0405	9675	10866	12 83 360

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
ORANGE / ORANGE / CENTRAL	9675 / 502	

LOCATION/SUBJECT

I-5 S/B N OF BRISTOL

FACTS:

NOTIFICATION: I RECEIVED A CALL OF AN ACCIDE
WITH INJURIES AT APPROX. 0420 HRS. RESPONDED
FROM I-405 AT MACARTHUR, ARRIVING AT
APPROX. 0440 HRS. DELAY DUE TO MILES TRAV-
ELED AND CONFUSION AS TO LOCATION OF T/C.

ALL TIMES, SPEEDS, AND MEASUREMENTS ARE APPROXIMATE

SCENE: THE I-5 S/B OFFRAMP TO BRISTOL/LA
VETA IS A SINGLE LANED ASPHALTIC SURFACED
ROADWAY. THERE IS A 1' CONCRETE CURB SEPARATIN
THE OFFRAMP FROM TRAFFIC GOING TO E/B
SR-22. THERE IS DIRT AND ICEPLANT ON THE
SHOULDER W/OF THE RAMP. SEE FACTUAL DIAGRAM

VEHICLES: V-1 WAS FOUND RESTING ON ALL FOUR
WHEEL FACING IN A EASTERLY DIRECTION. V-1
SUSTAINED TOTAL ROLL OVER DAMAGE. NO MECHANI-
CAL DEFECTS WERE OBSERVED. THE DRIVER
OF V-1 (TRAIL) WAS LOCATED APPROX. 25' WEST
OF V-1 BEING TREATED BY ORANGE PARAMEDICS.

PREPARER'S NAME	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
M. M. HEILMANN	10866	12-23-84		

NARRATIVE/SUPPLEMENTAL

[redacted] ONE: [redacted] NARRATIVE ☐ SUPPLEMENTAL | CHE[redacted]: ☒ [redacted]LLISION REPORT ☐ OTHER:

DATE OF ORIGINAL INCIDENT	TIME (2400)	NCIC NUMBER	OFF[redacted] I.D.	NUMBER
MO. 12 DAY 22 YR. 84	0405	9675	10866	12 81 360

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
ORANGE/ORANGE/CENTRAL	675/502	

[redacted]TION/SUBJECT

I-5 S/B N. OF BRISTOL

PHYSICAL EVIDENCE:

TIRETRACKS: APPROX. 88' OF TIRETRACKS (INCLUDING OVERTURNED DIRT AND DAMAGED IRRIGANT) WAS FOUND STARTING AT THE POINT OF IMPACT AND ENDING AT THE ROADWAY EDGE.

VEHICLE DEBRIS: VEH. GLASS AND SMALL VEH PARTS NEAR POINT OF REST. (SEE FACTUAL DIAGRAM)

INJURIES:

D-1 (TRAIL) WAS TRANSPORTED TO WESTERN MEDICAL CENT BY ORANGE PARAMEDICS WHERE HE WAS TREATED BY DR. PARK FOR CONCUSSION AND SCALP LACERATIONS. D-1 WAS LISTED AS CRITICAL CONDITION ON 12-23-84 AT 2300 HRS. NO CONTACT ADVISED BY DR. PARK

STATEMENTS:

NO STATEMENTS COULD BE OBTAINED FROM D-1 DUE TO EXTENT OF INJURIES

THERE WERE NO WITNESSES TO THIS T/C

PREPARER'S NAME	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
M M. HEILMANN	10866	12-23-84		

NARRATIVE/SUPPLEMENTAL

CHECK ONE: ☒ NARRATIVE ☐ SUPPLEMENTAL

CHECK ONE: ☒ COLLISION REPORT ☐ OTHER:

DATE OF ORIGINAL INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO. 12 DAY 22 YR. 84	0405	9675	10866	12 81 360

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
ORANGE/ORANGE/ CENTRAL	675/502	

LOCATION/SUBJECT

I-5 S/B N. OF BRISTOL

1. OPINIONS AND CONCLUSIONS:

2. SUMMARY: THIS T/C OCCURRED AS S/V WAS S/B
3. I-5 APPROACHING THE LAVETA/BRISTOL OFFRAMP.
4. FOR UNKNOWN REASONS S/V LEFT THE ROADWAY,
5. STRUCK THE CURB BETWEEN THE DIRT SHOULDER
6. AND THE OFFRAMP ROADWAY. S/V CONTINUED OUT OF
7. CONTROL, ROLLED OVER AND CAME TO REST ON
8. ITS WHEELS IN THE TRAFFIC LANES.
9.
10. POINT OF IMPACT: (POI) DETERMINED BY PHYSICA
11. EVIDENCE, THE POI IS APPROX. 450' FROM THE
12. S/B SR-57 O/C TO W/B SR-22 & AT THE WEST
13. ROADWAY EDGE OF I-5.
14.
15. CAUSE: THE CAUSE OF THIS T/C CAN ONLY BE
16. ESTABLISHED AS AN UNSAFE TURNING MOVEMENT
17. BY V-1.
18.
19.
20.
21.
22.
23.
24.
25.

PREPARER'S NAME	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
M. M. HEILMANN	10866	12-23-84		

LOCATION TOWED/RECOVERED FROM: S/B I-5 TO W/B 22 TRANS

WAS NEIGHBORHOOD OR AREA CHECKED FOR WITNESSES, LEADS, CLUES? IF "YES", EXPLAIN IN REMARKS OR ON SEPARATE SHEET(S). ☐ YES ☐ NO

TOWING/STORAGE CONCERN NAME AND ADDRESS: WARNER'S

TELEPHONE NUMBER:

TOWED TO/STORED AT:

TELEPHONE NUMBER:

REPORTED BY: STORMENT 11298

HOME ADDRESS: CHP/SA

TELEPHONE NUMBER: 547-8311

BUSINESS ADDRESS:

TELEPHONE NUMBER:

DESCRIPTION AND OWNERSHIP

YEAR	MAKE	MODEL	BODY TYPE	COLOR (combination)	LICENSE NUMBER(S)	MONTH/YEAR	STATE
84	FORD	BRONCO	2DR	BLK	[redacted] ☐ ONE ☒ TWO	6/85	CA

VEHICLE IDENTIFICATION NUMBER (VIN): 1FMCU1F54EU[redacted]

ENGINE NUMBER (EN):

VIN COMPARE WITH REG. CARD: ☐ YES ☒ NO

VIN APPEAR ALTERED/REMOV'D: ☒ YES ☒ NO

VIN CLEAR IN SVS: ☒ YES ☐ NO

LIC. NUMBER(S) CLEAR IN SVS: ☒ YES ☐ NO

IF STOLEN, NAME, DATE AND CASE NUMBER OF REPORTING AGENCY:

WAS VEH. RETURNED TO OWNER: ☐ YES ☐ NO

STORAGE AUTHORITY: 22651(G) V.C

REGISTERED OWNER: [redacted]

ADDRESS: [redacted] LOS ANGELES

TELEPHONE(S) (home and business):

LEGAL OWNER:

ADDRESS:

TELEPHONE(S) (home and business):

CONDITION AND INVENTORY (Use Remarks space or attach separate descriptions as needed.)

ODOMETER READING: 15891.8

DRIVEABLE: ☐ YES ☒ NO ☐ UNKNOWN

HAVE YOU ENTERED MISSING, IDENTIFIABLE PARTS IN SVS? ☐ YES ☐ NO

*Describe fully in remarks space

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES/WHEELS	CONDITION	ITEMS*	IDENTIFICATION NUMBER
WRECKED	X		SEAT (front)	X		REGISTRATION		X	LEFT FRONT		CAMPER	
BURNED		X	SEAT (rear)	X		ALT/GENERATOR	X		RIGHT FRONT	FLAT	CARGO	
VANDALIZED		X	RADIO AM	X		BATTERY	X		LEFT REAR		VESSEL AS LOAD	N/A
ENG/TRANS STRIP		X	TAPE DECK		X	DIFFERENTIAL	X		RIGHT REAR		FIREARMS	
MISC. PARTS STRIP		X	TAPES (#)		X	TRANSMISSION	X		SPARE(S)	UNK	OTHER	
BODY METAL STRIP		X	OTHER RADIO		X	AUTOMATIC (3)	X		HUB CAPS (#)	NO		
VIN SWITCH			IGNITION KEY	X		MANUAL ( )			SPECIAL WHEELS	DAMAGED		

REMARKS (Use additional blank sheets as required. Include all pertinent information.)

PROPERTY, TOOLS, VEHICLE DAMAGE, LAST DRIVER OF VEHICLE, ARRESTS (full names, charges, where detained)

DRIVER [redacted]) WAS TAKEN TO WESTERN MED OUT OF T/C MAJOR DAMAGE (ROLL-OVER) 2 PRS SHOES, MISC. GAMES, MISC X-MAS PACKAGES, 2 ROLLS WRAPING PAPER, 1 CALENDAR, MISC. CLOTHES & TOWELS, MISC. MAGAZINES, MISC PAPERS

RELEASE TO R/O OR AGENT

☐ CONTINUED ON SEPARATE SHEET

V.I.N.

OFFICER ORDERING VEHICLE STORED (signature): [signature]

I.D. NUMBER: 11298

GARAGE PRINCIPAL OR AGENT STORING VEH. (signature): [signature]

DATE AND TIME: 12-21-84/0520

VALUATION, RELEASE, DISPOSITION

RECOVERY TELETYPE (date and number):

REQUIRED NOTICES SENT TO REGISTERED & LEGAL OWNERS (Sec. 22852 VC): ☐ YES ☐ NO

IF NO IS CHECKED, INDICATE REASON ☐ AVA PROGRAM

APPRAISED VALUE: $300

DATE AND TIME OF APPRAISAL: 12-21-84/0500

APPRAISING OFFICER'S SIGNATURE: [signature]

I.D. NUMBER: 11298

TO (storage authority/concern):

DATE:

RELEASE VEHICLE TO:

ADDRESS:

SIGNATURE OF PERSON AUTHORIZING RELEASE:

CERTIFICATION: I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of above described vehicle.

NOTE: CHP 180 is furnished all peace officers by the California Highway Patrol.

SIGNATURE OF PERSON TAKING POSSESSION:

CHP 180 (Rev 11-82) OPI 065

38247-455 12/82 1,000 M — OSP

This is David Stanton and I'm speaking with [redacted] at 5pm on the 11th of September, 1987 uh in one of the lounges at Home Hospital in Lafayette, In. We are discussing an auto accident that occurred on the 31st of August, 1987 at the intersection of US 52 and Ross Rd. just south of Lafayette.

Q. [redacted] could you please state your full name, address and telephone number?
A. Yes my name is [redacted] I live at [redacted] Stockwell, In. my telephone number is [redacted].

Q. And your date of birth and social security number?
A. My date of birth is [redacted] my social security number is [redacted]

Q. Are you aware that this conversation is being recorded?
A. Uh yes I am

Q. Do I have your permission to record this interview?
A Uh you have my permission

Q. Do you recall the accident that I described in the introduction?
A. Uh yes I do, I recall

Q. Do you, could you please describe what happened to the best of your recollection?
A. Uh starting out uh I'll start at the beginning, uh we was heading, heading for Lafayette from Stockwell and the reason we left Stockwell was my wife was uh having a really bad sore throat and we (inaudible) she, we went to the Arnett Clinic to get her, to get treatment uh the, week past she had still, she still had the problem so she called the doctor that evening and the doctor said he would give her a prescription at Osco so at that time we had left, we had left Stockwell sometime after 6 o'clock and we was heading, heading north into Lafayette and a few seconds before the accident, I can remember the little silver car. As, as we came up to that intersection on Ross Rd. there's a sharp, sharp curve there. I remember out of the spot, out of the corner of my eye kind of seeing the car coming around and as we got there in the intersection, my, I heard my wife say she didn't stop and at that moment I, I heard myself, the impact and my truck just felt like it had, like moved over in the other lane but for that second I felt that I had control of my vehicle and suddenly the vehicle, it, it took, it turned or something. I remember it being upsidedown, we were upsidedown like sliding down the road and I, I could feel myself being pulled out of the truck and I felt my head, my head being hit and all the pressure down on my, on my left shoulder and my arm felt like it was going out the window and I just, and also at that time I felt I was vomiting and I just told myself pull myself back in so I pulled myself back in and I grabbed ahold of my daughter who was sitting next to me and pretty soon the truck, as it, I don't know if it was slipping or rolling but it just seemed like the truck just came up on all four tires and just stopped and I, I remember, kind of like opening my eyes and reaching to pull the lever to get out of the truck and I could feel the pain in my arm and stuff and I pushed and kicked the door open and when I got out I looked back inside and I just saw my daughter setting there and I glanced over across the road and, and I could see, I could see my wife, you know, laying in the median, in the grass off the side of the road so I grabbed my daughter out of the car, the truck and we rushed over to her and at that time she was kind of, her eyes were kind of half shut and her clothes were kind of torn and ripped and her arms and legs were scraped up. I remember, you know, her tongue was kind of blocking her air passage and I remember I had to put my hand inside of her, her mouth to hold her mouth open so she could breath and I had, I kept my daughter next to me. I said let's, we'll stay here beside mommy and everything kind of, I kind of remember somebody coming up and stopping in the truck and the man, the man was talking

about the accident. He had a woman, woman with her, but I didn't, at the time, recognize, recognize the woman or anything but he said something about the hospital and I said I, I need an ambulance. I can remember saying I need an ambulance and he said something about the other woman and I said well I don't know but the woman, the car down there hit me and I, I turned back around and there was my wife and I could see people, people down, down in the distance and I remember standing up and saying you know I need an ambulance, get me an ambulance right now and I, I remember it just being like it, each, each second seemed like a minute, and each minute seemed so long and pretty soon it just seemed like a few people just walking towards me and it just so happened I thought I recognized one of the men there and his name was [redacted] and I asked him if that was his name and he said yes and I, I told him would you please call my parents, you know, tell them where I'm at and that we've had an accident and after that I just remember having lots of pain in my shoulder and I, I don't, I don't, I remember a lot of people being around me. I remember finally my parents arrived there and the ambulance arrived there and they were helping my wife and they had my daughter in the ambulance and I remember a man trying to hold ice on my shoulder uh I remember them cutting the shirt off me and I remember, remember the man helping me to the ambulance and I remember the policemen, sometime earlier, I gave them my license and later he came to give them back to me and I remember the man that helped me was the man that I went to high school with. He recogized my name and I recognized his name when he told me and I remember coming, coming here to the hospital, they got me in a wheel chair, I remember my daughter being next to me and I remember in the ambulance trying to help [redacted] as much as possible and I remember lying in the bed, you know, waiting and I remember when the police, the police officer came in he asked me questions. He asked my daughter questions and my daughter, you know, he was asking about the seatbelt and I know that my wife, it's mandatory, we all make it a habit to wear our seatbelts but for some reason her seatbelt, she came out of the car. I don't understand why, why she I mean, why she came out of our truck but [redacted] she told the policeman that mommy did have her seatbelt on and that's, that's the thing that kind of bothers me now, you know, why did her seatbelt come undone or why, why wasn't that seatbelt fastened and the policeman, she had talked to the girl, the girl didn't, come to find out the girl she didn't stay, the girl was in that pickup truck, that other man he had took her and her daughter to the hospital and she didn't...

Q. This was the other vehicle that hit you?

A. Yes the other vehicle, she did not stay at the, the accident. The police officer told me, you know, after he talked to me that the girl had already admitted that, that she didn't look. It was her fault and she said that she did stop but I can't, I can't, when I think in my mind, you know, as fast as it happened, there wasn't anyway she could have stopped and my father went out there and took pictures of the road after the accident had occurred and there wasn't, there wasn't any skidmarks to show that if anybody had came as quick as she did, that there wasn't any proof that anybody had even tried to stop on the pavement.

Q. Okay uh so as far as you know, the, by the time the police were there, did, did the people in the other vehicle, how soon after the accident did they leave?

A. How soon? It was, I remember being out of the vehicle and I was over my wife and the vehicle stopped behind us and that, I remember a girl being in the car but I, I didn't know that was what they were doing. I didn't know that was her being taken away. He, he, I think that, I'm pretty sure he said something about the hospital but everything just kind of just really didn't sink in to me and I just told them I needed an ambulance. I just knew that car down there hit me. Later on uh that was, come to find out that was the man, he brought, he brought the girl and her child to the hospital. They wasn't there that long. It was just within minutes, you know, that, when I was out of my vehicle, there was my wife. They were gone. When the police arrived, they didn't know where she was. I, I, I was so fuzzy I wasn't, I wasn't sure, you know, I just knew it was the veh, that silver car that

hit me. I wasn't sure where she was at.

Q. Was that silver vehicle that hit you driveable after it hit you?
A. Uh well it was, it was down aways. I could see it but it just looked like the nose of it had been knocked in. I, I had no idea if she could drive it or not.

Q. You don't know if it was towed away or not?
A. Uh later on uh a few days later, we, I went, myself, out to the, where the acci, where the uh, Jim's garage where the vehicles were towed to, to look at my vehicle and see how bad my vehicle was cause I can just barely re, I can remember, you know, a lot of, hearing broken glass during the accident and, but I couldn't remember my vehicle how damaged it was and I went out there and I, the lady out there showed me my vehicle about the damage and she couldn't believe that any of us even made it out of there alive and I was kind of, I was shocked to see, you know, how bad the cab was on my wife's side, just pressed all the way in and the impact was so strong that the drive shaft it came out of the differential from underneath the truck. It had pulled apart and the rims on my truck, all of them were bent and the glass, all the glass was busted out in it. There wasn't any glass left, side glass in it and the windshield was just shattered and the back glass had popped out also, the sliding windows popped out and the lady also uh she also said well over there's the vehicle that hit you and I went over and I looked at the vehicle that hit me and it, it was just pushed in, the front end of it was just pushed in, you know, and I looked down the front of her vehicle and I could see where, where my truck had a big blue, my paint was still on there, big blue mark.

Q. Do you know if the driver of the other vehicle was given a ticket by the police?
A. I don't know that.

Q. Okay do you know of any witnesses that actually saw the impact?
A. Uh no at this time I don't know any witnesses. I know that the police officer when he interviewed, when he talked to me, he said the girl did admit it was her fault.

Q. Is there anything that you would like to add that I might have missed?
A. Well I can't think of anything at this time.

Q. Okay
A. Unless you have something that...

Q. No that's all I have. Okay have you understood all these questions?
A. (inaudible)

Q. Have you understood these questions?
A. Uh the questions that (inaudible)

Q. Yes
A. Yes I'm, at this time (inaudible)

Q. Okay This is David Stanton resuming the conclusion of my interview with [redacted] are you aware that we had to change sides on the tape?
A. Uh yes I'm aware of that

Q. Okay continuing the conclusion then, you are, you said that you did understand the questions that I had asked you?
A. Yes

Q. Did you realize that this conversation was recorded?
A. Yes I did

Q. And did I have your permission to record this interview?
A. Yes you had my permission

Q. Alright thank you very much [redacted] If it's okay with you, I'll turn off the recorder now.
A. Okay

INDIANA OFFICER'S STANDARD ACCIDENT REPORT

State Form 23558R2/Stock 302

Mail to: Indiana State Police, Accident Records Section, 100 North Senate Avenue, Indianapolis, IN 46204

7-A-795

OFFICE USE ONLY

Accident I.D. No.

Field	Value
Date of Accident (Month / Day / Year)	08 / 31 / 87
Day of Week	MONDAY
Actual Local Time	6:20 ☐ AM ☒ PM
No. Motor Vehicles	2
No. Injured	5
No. Dead	0
No. Trailers	0
County	TIPPECANOE
Township	WEA
City/Town or Nearest City/Town	LAFAYETTE
Inside Corporate Limits?	☐ Yes ☒ No
Property?	☐ Private ☐ DNR ☐ Other
Distance and Direction From Corporate Limits	___ Miles North 2 Miles South ___ Miles East ___ Miles West
Road Accident Occurred On	U.S. 52
Intersecting Road/Mile Marker/Interchange	ROSS RD.
If not at Intersection, number of feet from	
Direction	
Nearest Intersecting Road/Mile Marker/Interchange	

LOCATION

Field	Value
Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted] STOCKWELL, IN. [redacted]
Apparent Phys. Stat. (enter no.)	1
Sex	F
Date of Birth (Month / Day / Year)	03 / 23 / 64
Arrested?	☐ Yes ☒ No
Driver's License No.	[redacted]
Lic. Type	OPER
Lic. St.	IN
Restr.	AB

DRIVER 1

Field	Value
Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted] STOCKWELL, IN. [redacted]
Apparent Phys. Stat. (enter no.)	1
Sex	M
Date of Birth (Month / Day / Year)	07 / 15 / 57
Arrested?	☐ Yes ☒ No
Driver's License No.	[redacted]
Lic. Type	OPER
Lic. St.	IN.
Restr.	

DRIVER 2

Field	Value
Color	BLUE
Veh. Yr.	85
Make	TOYOTA
Model Name	CAMRY
Veh. Type (enter no.)	1
Lic. Yr.	87
License No.	[redacted]
Lic. State	IN.
Veh. Use (enter no.)	1
Speed Limit	
Fuel Tax No.	
Direction of Travel	WEST
No. Occupants	2
Fire?	☐ Yes ☒ No
No. Axles	2
Transporting Hazardous Mat.	☐ Yes ☒ No
Towed To	Jim's
Towed By	Jim's
Registered Owner's Name (Last, First, MI)	SAME AS DRIVER
Address (Street, City, State, Zip)	

VEHICLE 1

Field	Value
Color	BLUE/SILVER
Veh. Yr.	87
Make	FORD
Model Name	RANGER
Veh. Type (enter no.)	2
Lic. Yr.	87
License No.	[redacted]
Lic. State	IN.
Veh. Use (enter no.)	1
Speed Limit	55
Fuel Tax No.	
Direction of Travel	NORTH
No. Occupants	3
Fire?	☐ Yes ☒ No
No. Axles	2
Transporting Hazardous Mat.	☐ Yes ☒ No
Towed To	Jim's
Towed By	Jim's
Registered Owner's Name (Last, First, MI)	SAME AS DRIVER
Address (Street, City, State, Zip)	

VEHICLE 2

Field	Value
Registered Owner's Name (Last, First, MI)	
Address (Street, City, State, Zip)	
License No.	
Make	
Year	
Lic. St.	
Lic. Yr.	

TRAILER 1

Field	Value
Registered Owner's Name (Last, First, MI)	
Address (Street, City, State, Zip)	
License No.	
Make	
Year	
Lic. St.	
Lic. Yr.	

TRAILER 2

Field	Value
Registered Owner's Name (Last, First, MI)	
Address (Street, City, State, Zip)	
License No.	
Make	
Year	
Lic. St.	
Lic. Yr.	

DAMAGE

Field	Value
INITIAL IMPACT	V1 2 / V2 4
DAMAGE EST	V1 3 / V2 5
Areas Damaged (Multiples)	10 - Undercarriage; 11 - Trailer; 12 - None

OTHER PROPERTY (INCLUDE CARGO)

Name of Object	OWNER'S NAME AND ADDRESS	Damage Est. (use chart)

PEDESTRIAN

Field	Value
Direction	
Street/Highway	
Arrested?	☐ Yes ☐ No
Apparent Phys. Stat. (enter no.)	
What was pedestrian doing before accident?	Enter No.

1 Not in roadway
2 Standing in roadway
3 Playing in roadway
4 Pushing or working on vehicle
5 Other working in roadway
6 Walking in roadway with traffic
7 Walking in roadway against traffic
8 Getting on or off vehicle
9 Getting on or off school bus
10 Crossing or entering not at intersection
11 Crossing or entering at intersection
12 Other*

Pedestrian Traffic Control?* ☐ Yes ☐ No

16	17	18	18A	19	20	21	22	23	24	25	26	27	28	29
[redacted]		2	1	1	DRIVER OF VEHICLE 1 (as listed above)	10	7	1		[redacted]				
[redacted]		2	1	1	DRIVER OF VEHICLE 2 (as listed above)	8	7	1	OVER	[redacted]				
1	3	4	2	1	[redacted] STOCKWELL, IN.	6	4	1		2	F			
2	3	2	2	3	[redacted] STOCKWELL, IN.	8	5	4	OVER	29	F			
2	2	2	1	1	[redacted] STOCKWELL, IN.	6	8	1	OVER	4	F			

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JOHN PETER SINELLI, JR. 5910 Morningbird Lane Columbia, Maryland 21045	*	
Plaintiff	*	
v.	*	Civil Action No.
FORD MOTOR COMPANY The American Road Dearborn, Michigan 48121	*	
Serve On: The Corporation Trust, 32 South Street Baltimore, Maryland 21202 Resident Agent	*	

FILED ENTERED
LODGED RECEIVED
JUN - 8 1992
AT BALTIMORE
CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND
BY DEPUTY

* * * * * * * * * * * * * * * * *

COMPLAINT

John Peter Sinelli, Jr., by his attorneys Henry L. Belsky, Michael Marshall, and Schlachman, Belsky and Weiner, P.A. sues Ford Motor Company.

JURISDICTION AND VENUE

1. Jurisdiction of this court is invoked pursuant to 28 U.S.C. §1332, this being a civil action where the matter in controversy exceeds the sum or value of $50,000, exclusive of interest and costs, and is between citizens of the state of Maryland and citizens or subjects of a foreign state.

2. Venue of this court is invoked pursuant to 28 U.S.C. §1391(a), this being a civil action wherein jurisdiction is founded only on diversity of citizenship, and the District of

Maryland being the judicial district where Plaintiff resides, and in which the claim arose.

PARTIES

3. Sinelli is a resident of Howard County, Maryland, and has been so at all times relevant hereto.

4. Ford Motor Company is a Delaware corporation with its principal place of business in Michigan. It engages in the business of manufacturing and designing automobiles. Ford Motor Company manufactured, designed and/or distributed the safety belt which is the subject of this litigation.

5. Ford Motor Company is authorized to do business in Maryland and has been doing business in Maryland at all times relevant hereto. Ford Motor Company derives substantial revenue through the sales of its products in this state, and in the United States of America.

COUNT I - STRICT LIABILITY

6. On or about June 15, 1989 at approximately 4:10 p.m., John Peter Sinelli, Jr., driving a 1988 Ford Bronco II, proceeded northbound on Washington Boulevard near the intersection with Arbrutus Avenue, in Baltimore, Maryland. John Sinelli was the only person in the vehicle and was wearing a safety belt. At the time of the accident, the 1988 Ford Bronco II was owned by Syscon Sales Corporation, John Sinelli's employer, and was driven by John

Sinelli with the permission of Syscon Sales Corporation.

7. As John P. Sinelli was traveling toward Arbrutus Avenue, Marsha Redd suddenly drove her vehicle through a stop sign and onto Washington Boulevard causing a collision with the 1988 Ford Bronco II, that Sinelli was driving. Upon impact, Sinelli's safety belt failed to function properly in restraining his body from secondary impact. Due to the safety belt's failure to function, Sinelli sustained injuries to his body and limbs, including but not limited to his right shoulder, right upper body and his right knee.

8. The safety belt Sinelli was wearing was designed, manufactured, handled, sold, distributed and/or installed by Ford Motor Company.

9. The safety belt was being used in the manner for which it was intended at the time of the accident, without material alteration.

10. The safety belt was unreasonably dangerous and defective at the time that it left the hands of the Defendants, and reached its intended owners without substantial change in condition.

11. The safety belt did not experience a material change in condition between the time it was received by the owner and June 15, 1989.

12. Specifically, the safety belt was unreasonably dangerous and defective because the materials and workmanship used to construct the safety belt device were inadequate, allowing it to release during the impact, rather than restrain its user, as it

was intended and represented to do.

13. As a direct and proximate result of Ford Motor Company's breach of its duty in selling the vehicle and the safety belt in an unreasonably dangerous condition, and without any negligence on his part, Sinelli, suffered serious and permanent physical injuries and was caused to suffer great pain, nervous shock and mental anguish. He was and is prevented from engaging in his usual and customary occupation at a great monetary loss to him; he has suffered a permanent loss of earning capacity; he was, is and will in the future be prevented from engaging in the duties, pursuits and activities for which he is otherwise qualified; and he was, is and will in the future be required to undergo and submit to extensive medical treatment, care and attention for his injuries, all to his great expense.

14. Sinelli also was caused to suffer, is currently suffering, and will continue to suffer in the future, serious, painful and permanent injuries that will require and continue to require medical treatment, care and attention as a result of his injuries, and he was otherwise injured and damaged. All of Sinelli's losses and damages were, are and will be a direct result of Ford Motor Company's defective safety belt.

WHEREFORE, John Peter Sinelli, Jr. requests compensatory damages in the amount of five million dollars ($5,000,000.00) and such other and further relief as this Court shall deem just and appropriate.

COUNT II - BREACH OF IMPLIED WARRANTY OF MERCHANTABILITY

John Peter Sinelli, Jr., by his attorneys Henry L. Belsky, Michael Marshall and Schlachman, Belsky and Weiner, P.A., sues Ford Motor Company incorporating paragraphs 1-14.

15. The safety belt Sinelli, Jr. was wearing was designed, manufactured, handled, distributed, installed and/or sold by Ford Motor Company and was impliedly warranted by Ford to be merchantable.

16. The safety belt was defectively constructed or assembled and was not reasonably safe for the ordinary purpose for which it is used.

17. Specifically, the safety belt was unreasonably dangerous and defective because the materials and workmanship used to construct the safety belt device were inadequate, allowing it to release during the impact, rather than restrain its user, as it was intended and represented to do.

18. As a proximate result of these defects, the safety belt was not reasonably usable for the ordinary purpose for which it was intended, but was imminently dangerous to users thereof when used for the ordinary purpose of injury prevention.

19. These defects were known to Ford Motor Company or should have been known by the exercise of reasonable diligence, but were not known to Sinelli, and were not revealed to him by Ford Motor Company.

20. All of Sinelli's injuries were caused as a proximate

result of Ford Motor Company's negligence in manufacturing, designing, selling and/or distributing the vehicle with the safety belt being so constructed as to be defective.

WHEREFORE, John Peter Sinelli, Jr. requests compensatory damages in the amount of five million dollars ($5,000,000.00) and such other and further relief as this Court shall deem just and appropriate.

COUNT III - NEGLIGENCE

John Peter Sinelli, Jr., by his attorneys Henry L. Belsky, Michael Marshall and Schlachman, Belsky and Weiner, P.A., sues the Ford Motor Company incorporating paragraphs 1-20.

21. Ford Motor Company is in the business of designing, manufacturing, handling, selling, distributing and/or installing such products as the safety belt which is the subject of this litigation. Ford Motor Company designed, manufactured, sold, handled, distributed and/or installed the safety belt which is the subject of this litigation.

22. Ford Motor Company had a duty to design, manufacture, sell, distribute and install safety belts which were fit and safe for ordinary and customary use.

23. All of Sinelli's injuries and damages were caused as a proximate result of the negligence of Ford Motor Company in the manufacture, design, handling, sale, distribution and/or installation of the safety belt. Sinelli was in no way contributorily negligent.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JOHN PETER SINELLI, JR.	*	
Plaintiff	*	
v.	*	Civil Action No.: H-92-1618
FORD MOTOR COMPANY	*	
Defendant	*	

* * * * * * * * * * * * * * * *

AFFIDAVIT OF JOHN P. SINELLI JR.

John P. Sinelli, Jr., having been duly sworn, states as follows:

1. I am a citizen of the State of Maryland, of legal age, and am competent to testify to the matters set forth herein based on personal knowledge.

2. On June 15, 1989, the driver side seatbelt's retracting mechanism failed to restrain me during the automobile accident. The seatbelt did not delatch.

3. On November 8, 1990, I entered into a settlement agreement with Marsha Lynn Redd and Diana Lynn Redd. The Redds' insurance policy limits determined the ultimate settlement amount of $93,000.00. This amount did not fully compensate me for my injuries. Due to my injuries, I have incurred and will continue to incur medical expenses in excess of the settlement amount. In October of 1992, I underwent surgery on my right knee, the expense of which exceeded $3,000.00. My doctors have advised me that I will need additional surgery, and my future bills will exceed $100,000.00. My doctors further advise me that I may require a

EXHIBIT A

prosthesis, which will last only five to seven years.

4. On October 15, 1991, I settled my worker's compensation claim. I have not received full compensation for my injuries under the settlement.

5. I never intended any release signed by me to release anyone but the person or entity paying money under the release.

I HEREBY DECLARE AND AFFIRM under the penalties of perjury that the contents of the foregoing affidavit are true and correct.

John P. Sinelli, Jr.

Subscribed and sworn before me on this 9th day of November, 1992.

Notary Public

My Commission Expires: 11/3/96

RHONDA WHITE NOTARY PUBLIC BALTIMORE CITY, MD.

1 Q You are aware that in a lawsuit filed on your behalf th
2 there was a contingent that the safety belts, seatbelt, was
3 defective; is that right?
4 A Yes.
5 Q And is the reason that you're contending that the seatb
6 was defective because you were able to contact the steering wheel
7 the bottom of the dash with your knees and hit your head on the
8 visor?
9 A My feeling that the seatbelt was defective, yes, becaus
10 contacted those. The seatbelt did not restrain me in the seat of
11 vehicle.
12 Q You described to me that you twisted some in the seat?
13 A Yes.
14 Q And that you bounced around some in the seat?
15 A Yes, sir.
16 Q And that your knees contacted the dash?
17 A Yes, sir.
18 Q That you pushed down on the steering wheel with your
19 wrist?
20 A Yes,
21 Q And that your head hit the visor?

EXHIBIT B

1 A Hit the roof of the truck.

2 Q You say that this seatbelt was defective because it

3 shouldn't have allowed you to do those things?

4 MR. MARSHALL: Objection. He said that it did not

5 restrain him. He has answered your question.

6 MR. GETCHELL: I'm asking, when he says that it faile

7 restrain him, if he's talking about anything other than what I j

8 described to him, because if he is, I want him to tell me about

9 I'm not trying to put words in his mouth.

10 MR. MARSHALL: Well, you also asked him --

11 MR. GETCHELL: I want him to tell me.

12 MR. MARSHALL: -- what he came in contact with and he

13 you a complete answer to that question.

14 Q When you say the seatbelt failed to restrain you, do

15 mean anything other than what I have just described?

16 THE WITNESS: Can you read back what you described?

17 MR. GETCHELL: Yes, please, Madam Court Reporter.

18 (Whereupon previous question was read back by the reporter.

19 Q In other words, Mr. Sinelli, other than the fact that

20 seatbelt allowed you, in your testimony, to bounce around and tw

21 in the seat and hit your knees and hit your wrists on the steeri

1 wheel and hit your head on the roof, do you mean anything else other
2 than that when you say the seatbelt failed to restrain you?
3 A My opinion, it failed to restrain me in the proper seated
4 position. My understanding is the seatbelt is designed to hold you
5 from contact with the things in the vehicle. It's supposed to
6 restrain you in the seat in position.
7 Q I know that's your contention, but I'm asking you a
8 negative question. I'm saying, other than the things that I have
9 just listed, did the seatbelt allow you to do anything else that
10 you're complaining about in this lawsuit?
11 A (No response.)
12 Q I mean, obviously it didn't allow you to be ejected from
13 the vehicle; right? I'm asking if it let anything else happen to y
14 that you think it shouldn't have let happen.
15 A The seatbelt didn't allow me ejected from the vehicle.
16 didn't delatch. The door of the vehicle didn't explode open. I wa
17 -- the seatbelt did not restrain me in the seat.
18 Q Do you remember, again, how tightly you had put on the
19 seatbelt? You earlier testified you didn't remember whether it was
20 loose or tight.
21 A It's an automatic adjustable seatbelt.

1 Q Do you remember feeling the seatbelt --
2 A Yes.
3 Q -- during the collision?
4 A Yeah. I remember the seatbelt being around me. I don
5 remember feeling exactly the seatbelt. I didn't have any bruises
6 my body from where the seatbelt was.
7 Q Do you remember how far the spool of the seatbelt did
8 allow the seatbelt to play out during the accident?
9 A No, I don't.
10 Q Other than the fact that you were injured, do you have
11 other basis for thinking, other than reasoning backwards from the
12 fact that you were injured, do you have any other basis, as you s
13 here today, for saying that the seatbelt didn't work right?
14 MR. MARSHALL: Other than what he has already testifi
15 to, obviously.
16 A I feel the seatbelt did not do what it's designed for
17 made for. I'm not an engineer to tell, you know, say the statem
18 that the seatbelt was defective. The seatbelt didn't restrain m
19 during that auto accident. That's all I remember.
20 Q As you sit here today, that's your only basis for you
21 allegation that the seatbelt is defective?

1 A My understanding, they're designed to protect you in an
2 auto accident. It they're not, then ...
3 MR. GETCHELL: Would you read back my question.
4 (Whereupon previous question was read back by the reporter.)
5 Q The answer to that question is yes; isn't it?
6 MR. MARSHALL: He gave his answer.
7 (Whereupon a brief discussion off the record.)
8 MR. MARSHALL: You moved to strike --
9 MR. GETCHELL: I haven't yet.
10 MR. MARSHALL: I'm not familiar with any rules --
11 MR. GETCHELL: I haven't yet because we were off the
12 record. I now move to strike the answer to the prior question as
13 being non responsive.
14 MR. MARSHALL: What does that mean?
15 MR. GETCHELL: It means, when we get to trial, because
16 this is a deposition of a party, that I will move to strike that
17 answer as being non responsive.
18 MR. MARSHALL: See, I'm not familiar with any rule in this
19 jurisdiction --
20 MR. GETCHELL: Well, I'm not responsible for what you're
21 familiar with --

1 MR. MARSHALL: -- for striking deposition testimony. Is
2 there a rule that you can refer me to on that? I don't think there
3 is one.
4 BY MR. GETCHELL:
5 Q Would you answer my question?
6 MR. MARSHALL: Well, he has answered your question. You
7 may not like his answer.
8 MR. GETCHELL: Are you directing him not to answer?
9 MR. MARSHALL: Yes. Let's move on. He has answered you
10 question. You may not like his answer, but he has answered your
11 question.
12 MR. GETCHELL: In the fourth circuit, you may not direct
13 witness not to answer on form grounds. You are obligated --
14 MR. MARSHALL: You are badgering him --
15 MR. GETCHELL: You are obligated --
16 MR. MARSHALL: I will direct him not to answer.
17 MR. GETCHELL: If you think I'm badgering him --
18 MR. MARSHALL: I absolutely do.
19 MR. GETCHELL: -- then it is your obligation to suspend
20 this deposition and go to the court.
21 MR. MARSHALL: I'm not going to suspend the deposition.

1 We can move on.

2 MR. GETCHELL: I am going to move to compel and I'm goi

3 to move for sanctions because you are not allowed to --

4 MR. MARSHALL: He's answered your question.

5 MR. GETCHELL: The whole point of this --

6 MR. MARSHALL: You want a yes or no answer and he is no

7 going to give it to you.

8 MR. GETCHELL: I want you to read back the question one

9 more time.

10 MR. MARSHALL: And I would also ask that the answer be

11 read.

12 (Whereupon previous question and answer were read back by the

13 reporter.)

14 Q Had you completed your answer? You ended with the word

15 then.

16 A I think I answered the question before that though.

17 Q Because the record has now a lot of colloquy of counsel

18 it, I want to ask you one more time, and I want you to tell me ever

19 basis you have, as you sit here today, for thinking the seatbelt

20 didn't work.

21 MR. MARSHALL: Tell him again.

1 A The seatbelt, from my understanding, was designed to
2 restrain you in the event of an auto accident. The vehicle -- the
3 seatbelt -- and that means from contact with the dashboard, the
4 steering wheel of the car.
5 I will understand that you will hit the steering wheel, your
6 body will move enough to hit the steering wheel, but it should not
7 have allowed me to contact the dashboard and hit the roof of the
8 ceiling.
9 Q So, that's --
10 A My feeling is that the seatbelt is defective because i
11 not doing what it was designed to do.
12 Q Thank you.
13 A I am not an expert at this, but from my personal ...
14 Q Now, from reading --
15 MR. MARSHALL: For the record, has the question been
16 answered sufficiently?
17 MR. GETCHELL: I am satisfied with that answer.
18 A That's the same answer I gave you before; is it not?
19 MR. MARSHALL: Don't argue with him, let's just move o
20 Q As long as that's your basis.
21 A It's in conjunction with my first answer I had given y

1 A Nothing -- what has been talked about is pretty much
2 everything.
3 Q Pretty much or everything?
4 A Nothing else is new as I've had any problems with any
5 other -- I've not had any additional problems other than what have
6 been stated at this time.
7 Q Now, which of these injuries do you claim are caused by
8 the accident, do you contend that would not have occurred but for th
9 manufactured seatbelt defect?
10 A I don't think I would have ever hit my head on the ceili
11 of the truck. I don't think -- I don't think my knees would have h
12 the dashboard. I don't think I would have been twisted around in t
13 truck.
14 Q What is it about the design of the seatbelt that caused
15 these things to happen?
16 A I'm not a designer.
17 Q You don't know which ones would have been avoided if the
18 belt had been designed in some different fashion?
19 A I'm not an auto designer. I don't know.
20 Q When you went to St. Agnes on June 23rd, they took an
21 x-ray of your back; didn't they?

1 A My understanding, they're designed to protect you in an
2 auto accident. It they're not, then ...
3 MR. GETCHELL: Would you read back my question.
4 (Whereupon previous question was read back by the reporter.)
5 Q The answer to that question is yes; isn't it?
6 MR. MARSHALL: He gave his answer.
7 (Whereupon a brief discussion off the record.)
8 MR. MARSHALL: You moved to strike --
9 MR. GETCHELL: I haven't yet.
10 MR. MARSHALL: I'm not familiar with any rules --
11 MR. GETCHELL: I haven't yet because we were off the
12 record. I now move to strike the answer to the prior question as
13 being non responsive.
14 MR. MARSHALL: What does that mean?
15 MR. GETCHELL: It means, when we get to trial, because
16 this is a deposition of a party, that I will move to strike that
17 answer as being non responsive.
18 MR. MARSHALL: See, I'm not familiar with any rule in th
19 jurisdiction --
20 MR. GETCHELL: Well, I'm not responsible for what you're
21 familiar with --

STATE OF MARYLAND

MOTOR VEHICLE ACCIDENT REPORT

A-1. REPORT NO. 5059134

2. FORM 01 - 01

3. LOCAL AREA CASE NO: H158781 PG01

4. ACCIDENT DATE: MO 06 DAY 15 YR 89

5. TIME (MILITARY): 1610

6. DAY OF WEEK: THU

7. REPORT TYPE: 1 - TRAFFIC ACCIDENT; 2 - NON TRAFFIC ACCIDENT

8. COUNTY: 03

9. TIME NOTIFIED (MILITARY): 1613

10. TIME ARRIVE (MILITARY): 1621

11. ACCIDENT SEVERITY: 4 (1 - Damage only; 2 - Possible Injury; 3 - Non-Incapacitating; 4 - Incapacitating; 5 - Fatal)

12. FIRST HARMFUL EVENT: 01 (01 - Other Motor Veh in transport; 02 - Parked Motor Vehicle; 03 - Motor Veh on other roadway; 04 - Pedestrian; 05 - Pedalcycle; 06 - Other Convey; 07 - Animal; 08 - Rlwy Train; 09 - Fixed Object; 10 - Other Object; 11 - Overturned; 12 - Other Non-Collision)

13. SUBSEQUENT EVENTS: 1 1 1

14. FIXED OBJECT STRUCK: 1 1 1 (01 - Bridge/Overpass; 02 - Building; 03 - Culvert, Ditch; 04 - Curb, Wall; 05 - Guardrail/Barrier; 06 - Embankment; 07 - Fence; 08 - Light support pole; 09 - Sign support pole; 10 - Other pole; 11 - Tree, Shrubbery; 12 - Construction Barrier; 13 - Crash Attenuator; 14 - Other)

15. COLLISION TYPE: 1 1 (01 - 02 - 03 - 04 - 05 - 06 - 07 - 08 - 09 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - OTHER 17 - SINGLE V)

16. RELATIONSHIP TO INTERSECTION: 2 (1 - Non-Intersection; 2 - Intersection; 3 - Intersection Related; 4 - Driveway-Access)

17. KIND OF LOCALITY: 3 (1 - Manufacturing or Industrial; 2 - Shopping or Business; 3 - Residential; 4 - School or Recreational; 5 - Open Country)

B-1. DAMAGE TO PROPERTY OTHER THAN VEHICLE OBJECT:

2. OWNER NAME:

3. DAMAGE SEVERITY: (1 - No Damage; 2 - Superficial; 3 - Moderate; 4 - Destroyed)

C-1. ACCIDENT OCCURRED ON - ROAD NAME: WASHINGTON BLVD

3. DISTANCE: 0 (1 - Feet; 2 - Miles)

5. REFERENCED ROAD NAME: ARBUTUS AVE

7. CITY ACCIDENT OCCURRED IN - OR INDICATE RURAL: HALETHORPE

8. MUNICIPAL COD

2. TYPE ROUTE NO. SUFFIX: US 1

4. GOING FROM ACCIDENT: 5 (1 - North; 2 - South; 3 - East; 4 - West; 5 - N/A)

6. TYPE ROUTE NO. SUFFIX: CO 131 481

9. LOG MILE REFERENCE ON C-1. AT C-5.: 0.10 - 0.05

10. RAMP MOVEMENT: 0 (0 - N/A; 1 - N → W; 2 - W → N; 3 - E → N; 4 - N → E; 5 - S → E; 6 - E → S; 7 - W → S; 8 - S → W)

D-MOVEMENT OF VEHICLES:

1. VEH 1: 12 (01 - Moving Constant Speed; 02 - Accelerating; 03 - Slowing or Stopping; 04 - Starting from Traffic Lane; 05 - Starting from Parked Position; 06 - Stopped in Traffic Lane; 07 - Changing Lanes; 08 - Passing; 09 - Parking; 10 - Parked; 11 - Backing; 12 - Making Left Turn; 13 - Making Right Turn; 14 - Making Right Turn on Red; 15 - Making U Turn; 16 - Skidding; 17 - Driverless Moving Vehicle; 18 - Other/Unknown)

2. VEH 2: 03

DIRECTION PRIOR TO TURNING: 3. VEH 1: 7 (1 - N; 2 - S); 4. VEH 2: 1 (3 - E; 4 - W; 5 - N/A)

E-1. ACCIDENT OCCURRED IN: 01 (01 - Lane 1; 02 - Lane 2; 03 - Lane 3; 04 - Lane 4; 05 - Merge/Transition Lane; 06 - Acceleration Lane; 07 - Deceleration Lane; 08 - Left Turn Lane; 09 - Right Turn Lane; 10 - Left Shoulder; 11 - Right Shoulder; 12 - Center Median; 13 - Left Roadside; 14 - Right Roadside; 15 - Outside Traveler; 16 - Median Crossover; 17 - Gore; 18 - Parking Lot; 19 - Other)

F- TRAFFIC CONTROLS

FUNCTIONING: 1. 05 10 12 1

NOT FUNCTIONING: 2. 1 1 1 1

(01 - Police Officer; 02 - R.R. Watchman, Gate, Etc.; 03 - Stop & Go Signal; 04 - Flashing Signal; 05 - Lane Markings; 06 - Channelization Painted; 07 - Channelization Physical; 08 - Construction/Maintenance Controls; 09 - Warning Sign; 10 - Stop Sign; 11 - Yield Sign; 12 - Center Line; 13 - Edge Line; 14 - Other Trafficontrol; 15 - No Control Present)

G-1 MV UNIT NO. 1 | 2. HIT & RUN: 1 (1 - NO; 2 - YES) | 3. DRIVER NAME - FIRST, MIDDLE & LAST: [redacted] | 4. ADDRESS - NO., STREET, CITY, STATE & ZIP: [redacted]

6. DATE OF BIRTH MO DAY YR: 11 07 71 | 7. SEX: F | 8. DRIVER LICENSE NO.: [redacted] | D | RESTRICTIONS: NONE | STATE: MD | DRV EXP: 01 | 13. DRIVER EDUCATION: 2 (1 - Public; 2 - Court; 3 - None; 4 - Union) | 14. INJ SEV: 4 | 15. SAFETY EQPT: 03 | 16. EJ: 1

17. OCC NO.	18. ST. POS	19. AGE	20. SEX	21. INJ. SEVERITY	22. SFTY EQPT.	23. EJT	24. OCCUPANT NAME & ADDRESS
1	3	17	F	2	1	1	[redacted]
2					1		
3					1		
4							

25. OWNER - NAME & ADDRESS: [redacted] - S/A OPERATOR

26. MAKE: FORD R | 27. MODEL: TEMPO | 28. YR: 84 | 29. VEHICLE ID NO.: 2FABZ[redacted] | 30. PLATE NO.: [redacted] | 31. STATE: MD | 32. YR: 90 | 33. VEH TYPE: L OE | 34. TOWED TYPE: E | 35. DAMAGE SEVERITY: 1 (1 - Disabling; 2 - Functional; 3 - Other Veh Damage; 4 - No Damage; 5 - Unknown)

T O W E D 24634 O E H I C L

36. VEHICLE REMOVED BY: VARSITY TOWING

37. VEHICLE REMOVED TO: [redacted]

38. REMOVAL AUTHORITY: 3 (1 - Owner; 2 - Driver; 3 - Officer; 4 - Occupant; 5 - Other; 6 - N/A)

G-1. MV UNIT NO. 2 | 2. HIT & RUN: 1 (1 - NO; 2 - YES) | 3. DRIVER NAME - FIRST, MIDDLE & LAST: [redacted] | COLUMBIA MD [redacted]

6. DATE OF BIRTH: [redacted] | 7. SEX: M | 8. DRIVER LICENSE NO.: [redacted] | D | RESTRICTIONS: NONE | STATE: MD | YEARS DRV EXP: 18 | 13. DRIVER EDUCATION: 1 (1 - Public; 2 - Court; 3 - None; 4 - Union) | 14. INJ SEV: 2 | 15. SAFETY EQPT: 03 | 16. EJ: 1

17. OCC NO.	18. ST POS	19. AGE	20. SEX	21. INJ. SEVERITY	22. SFTY EQPT.	23. EJT	24. OCCUPANT NAME & ADDRESS
1					1		
2					1		
3					1		
4					1		

25. OWNER - NAME & ADDRESS: S.C.F. DECKS INC - 1901 HALETHORPE AVE [redacted]

26. MAKE: FORD R | 27. MODEL: BRONCO II | 28. YR: 88 | 29. VEHICLE ID NO.: 1FMCU14T[redacted] | 30. PLATE NO.: [redacted] | 31. STATE: MD | 32. YR: 90 | 33. VEH TYPE: L OSE | 34. TOWED TYPE: E | 35. DAMAGE SEVERITY: 1 (1 - Disabling; 2 - Functional; 3 - Other Veh Dmg; 4 - No Damage; 5 - Unknown)

T O W E D 59998 N E H I C L

36. VEHICLE REMOVED BY: GEO. DIEFFENBACH VARSITY TOWING

37. VEHICLE REMOVED TO: 5625 OLD FREDERICK RD 21224

38. REMOVAL AUTHORITY: 3 (1 - Owner; 2 - Driver; 3 - Officer; 4 - Occupant; 5 - Other; 6 - N/A)

MSP REV 1-77

FRONT

1 2 3 4 5 6 7 8 9

REAR

H- POINT OF IMPACT

VEH 1: 1. 04

VEH 2: 2. 02

10 - Undercarriage
14 - Other
15 - None/Unknown

AREAS DAMAGED

VEH 1: 3. 01 04 05

VEH 2: 4. 01 02 03

11 - Overturned
12 - Towed
13 - Fire Damage

AREA DAMAGE ONLY

VEHICLE CONDITION

VEH 1: 5. 01

VEH 2: 6. 01

01 - Defective Defects
02 - Defective Brakes
03 - Defective Headlights
04 - Defective Rear Lights
05 - Defective Steering
06 - Puncture/Blowout
07 - Tire - Excess Wear/Smooth
08 - Defective/Missing Exhaust
09 - Defective/Missing Suspension
10 - Motorcycle Lights on - Daylight
11 - Other
12 - Unknown

DRIVER CONDITION

VEH 1: 7. 1

VEH 2: 8. 1

1 - Apparently Normal
2 - Had been Drinking
3 - Using Drugs
4 - Physical Defects
5 - Other
6 - Ill
7 - Fatigued
8 - Apparently Asleep
9 - Condition Unknown

I-1. ILLUMINATION: 1
1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark (Street Lts on)
5 - Dark (Street Lts off)
6 - Dark (No Lts)
7 - Unknown

2. WEATHER: 2
1 - Clear
2 - Cloudy
3 - Foggy
4 - Raining
5 - Snowing
6 - Severe Wind
7 - Other
8 - Unknown

3. SURFACE TYPE: 3
1 - Concrete
2 - Tar & Chip
3 - Asphalt/Blacktop
4 - Gravel
5 - Brick
6 - Dirt
7 - Other

4. ROADWAY SURFACE: 2
1 - Wet
2 - Dry
3 - Snow
4 - Ice
5 - Mud
6 - Other
7 - Unknown

5. ROAD CONDITION: 1
1 - No Defects
2 - Shoulder Defect
3 - Holes, Ruts, Etc.
4 - Foreign Material
5 - Loose Surface Material
6 - Obstruction not Lighted
7 - Obstruction not Signaled
8 - View Obstructed
9 - Construction/Maintenance

6. ROAD CHARACTER: 2
1 - Straight & Level
2 - Straight & Grade
3 - Straight & Hillcrest
4 - Curve & Level
5 - Curve & Grade
6 - Curve & Hill
7 - On Bridge
8 - Other

7. SPEED LIMIT: 5
1 - Unknown
2 - 25 MPH or Less
3 - 30 MPH
4 - 35 MPH
5 - 40 MPH
6 - 45 MPH
7 - 50 MPH
8 - 55 MPH

J-1. PED NO

2. PED INDICATOR
1 - Pedestrian
2 - Pedalcyclist

3. PED NAME

4. PED BIRTHDATE

5. PED INJ SEV

6. PED SEX

7. ADDRESS-NO., STREET, CITY, STATE & ZIP

8. PHONE NO.

9. PED MANEUVER: 1
01 - Crossing/Entering Roadway at Intersection
02 - Crossing/Entering Roadway Not at Intersection
03 - Walking/Riding on Road w/Traffic
04 - Walking/Riding on Road against Traffic
05 - Playing
06 - Standing
07 - Getting on/off Veh
08 - Pushing/Working On Veh.
09 - Other Working
10 - Hitch-hiking
11 - Approaching/Leaving School Bus
12 - Other
13 - Unknown

10. PED CONDITION
1 - Apparently Normal
2 - Had been Drink'g
3 - Using Drugs
4 - Physical Defects
5 - Other Handicaps
6 - Ill
7 - Fatigued
8 - Apparently Asleep
9 - Condition Unknown

11. PED VISIBILITY
1 - Light Clothing
2 - Dark Clothing
3 - Mixed Clothing
4 - Retro-Reflective/Material
5 - Head Light
6 - Rear Light Reflector
7 - Hd Lt & Rear Lt-Reflector

PEDESTRIAN TRAFFIC CONTROLS

12. FUNCTIONING

13. NOT FUNCTIONING

1 - Walk/Don't Walk Signal
2 - Push Button Control
3 - Crosswalk-Marked
4 - Uniformed Crossing Guard
5 - Student Crossing Guard
6 - No Control Present
7 - N/A

14. PED LOCATION AT TIME OF ACCIDENT
1 - Shoulder
2 - Curb
3 - Sidewalk
4 - Outside Rt of Way
5 - On Roadway at Crosswalk
6 - On Roadway not at Crosswalk
7 - School Bus Zone
8 - Beaway
9 - Unknown

15. BICYCLE - MAKE, WHEEL SIZE & OTHER DESCRIPTION

K-1 FIRST AID ADMINISTERED BY: 3
1 - Policeman
2 - Fireman
3 - Ambulance Personnel
4 - Helicopter Personnel
5 - Refused
6 - Other
7 - None Aval
8 - Unknown

2. EMS REPORT NO. UNKNOWN

3. EMS REPORT NO.

4. INJURED TAKEN BY: DALTO CO MEDIC # 355

5. TO: ST. AGNES HOSPITAL

L-1 UNIT 1

2. CITATION NO.

3. CHARGE SEC SUB SEC PAR

2. CITATION NO.

3. CHARGE SEC SUB SEC PAR

2. CITATION NO.

3. CHARGE SEC SUB SEC PAR

2

M-1 PHOTO TAKEN: 1
1 - YES
2 - NO

2. INVEST'D AT SCENE: 1
1 - YES
2 - NO

3. INVEST'N COMPLETE: 1
1 - YES
2 - NO

N - ALCOHOL TEST

1. VEH ONE: 6

2. VEH TWO: 6

3. PED

1 - Breathalyzer
2 - Blood
3 - Urine
4 - Post Mortem
5 - Refused
6 - None Offered

O - TEST RESULTS

1 VEH ONE

2 VEH TWO

3 PED

1. WITNESS NAME 1: DIANNE A KARPER

2. ADDRESS: 7315 WASHINGTON BLVD. 21227

3. PHONE NO: 247-7120

4. WITNESS - NAME 2

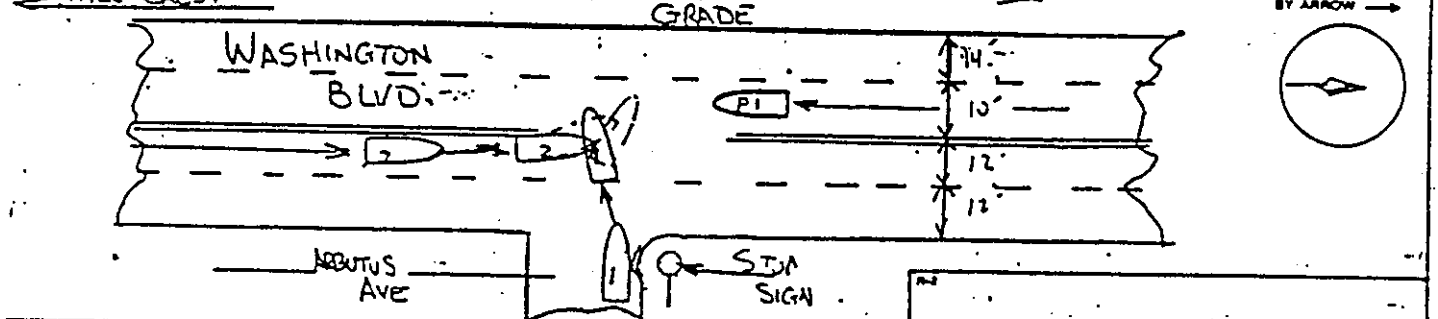
5. ADDRESS

6. PHONE NO

O-1 DESCRIPTION: VEH # 2 WAS TRAVELING N/S, IN LA 1, ON WASHINGTON BLVD. TOWARDS ARGUTUS AVE. VEH # 1 TRAVELED W/S ON ARGUTUS AVE AND ATTEMPTED TO MAKE A LEFT TURN ONTO WASHINGTON BLVD AFTER STOPPING FOR A DESIGNATED STOP SIGN. VEH # 2'S FRONT COLLIDED INTO VEH # 1'S LEFT SIDE, IN LA 1 OF N/B WASHINGTON BLVD AT ARGUTUS AVE.

THE OPERATOR OF VEH # 2 STATED THAT HE OBSERVED VEH # 1 TO BE PARTIALLY BLOCKING LA # 2 OF N/B WASHINGTON BLVD. SO HE SLOWED DOWN WHEN VEH # 1 ACCELERATED TO MAKE A LEFT TURN (CONT'D)

R-1. DIAGRAM



R-2

CAUSE ACCIDENT 1-PRIMARY 2-SECONDARY: 1 3

CONTRIBUTING CIRCUMSTANCE 3. VEH ONE: 13 4. VEH-TWO: 95

T-1 INVESTIGATING OFFICER: OFF. J. LEICHLING

2. OFFICER ID NO.: 2871

3. AGENCY: AE

4. INSTALLATION: ARIT

PATROL AREA: 176

6. DATE: 6/15/89

7. SPECIAL STUDY: N/A

8. SUPER. APPROVAL: SGT. D. M. [illegible]

9. ID NO.: 3072

10. REVIEWER: 93/M

BALTIMORE COUNTY
POLICE DEPARTMENT

FORM 11 - SUPPLEMENT

1s DIV. ARIT | 2s PC. 01 | 3s C.C. NUMBER H158781

4s OFFENSE/INCIDENT MAARS # 5059134 AUTO-ACCID | 5s [redacted] | 6s DATE-ORIGINAL REPORT 06/15/85

7s SUPPLEMENT STATUS: CON'T. ☒ FOLLOW-UP ☐ | 8s IF MULTIPLE CLEARANCE, LIST C.C. NUMBERS

NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION. CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC. ENTER ANY ADDITIONAL INFORMATION. DO NOT SUMMARIZE UNLESS NECESSARY.

9s PAGE NO. | 10s ARREST DATA: NAME (LAST, FIRST, MIDDLE) D.O.B. / BCI NUMBER, ARREST NUMBER, MISC. INFO.

11s BLOCK NO. | 12s

WASHINGTON BLVD & ARBUTUS AVE - 21227

THE OPERATOR OF VEH #2 STATED THAT SHE OBSERVE VEH #1 TRAVELING AT A HIGH RATE OF SPEED SO SHE TRIE TO GET OUT OF HIS WAY BY ACCELERATING

THE WITNESS STATED THAT SHE OBSERVED VEH #1 TO PULL OUT IN FRONT OF VEH #2 WITHOUT LOOKING IN VEH #2'S DIRECTION.

DEBRIS WAS OBSERVED IN LA 1 OF BOTH NORTH & SOUTH BOUND LANES OF WASHINGTON BLVD.

VEH #1'S LEFT REAR TIRE LEFT 51.2' OF SKID MARK PRIOR TO THE COLLISION.

SCREENING FACTORS REVISED TOTAL	13s	A	B	C	D	E	F
	INITIAL						
	REVISED						

14s CASE CONTINUANCE

15s TOTAL FACTORS

15s CASE STATUS: OPEN ☐ EX. CLEAR ☐ SUSP. ☒ CLOSED ☐

17s Distribution: Cent. Rec. ___ Inv. ___ Detective ___ Intel. ___ Other ___

18s INVESTIGATING OFFICER: OFF. J. LEICHLING | I.D. 2971 | 19s APPROVAL: CK. D. M [signature] 3020 | 20s DATE 6/15/85

21s REPORT REVIEW | 22s REPORTING AREA | 23s REC'D - CENT. REC. | 24s TELETYPE NUMBER

BALTIMORE COUNTY POLICE DEPARTMENT
TOWED or IMPOUNDED VEHICLE RECORD

PART I

Location: WASHINGTON BLVD & ARRUTS AVE

Division: ARIT

Precinct: 01

C.C. #: H/S

Reason Towed: AUTO - ACCIDENT

Name of Tow Company Requested: VARSITY

Date & Time:

Name of Tow Company Responding: [redacted]

Time Notified:

Tow Truck Driver's Signature: [redacted]

Time Arrived:

Equipment Used:

PART II (Vehicle & Owner Information)

Year & Make :

Model:

V.I.N.:

Body Style & Color:

Registration Information: Year: [redacted] State: Tag #:

Vehicle Owner's Name:

Address:

Vehicle Operator's Name:

Telephone #:

Person / Agency Notified :

Soundex # :

Manner of Notification:

Date & Time:

PART III (Equipment & Condition of Vehicle)

Vehicle Operable: Yes ☐ No ☐ Key(s) in Vehicle: Yes ☐ No ☐ Vehicle Locked : Yes ☐ No ☐

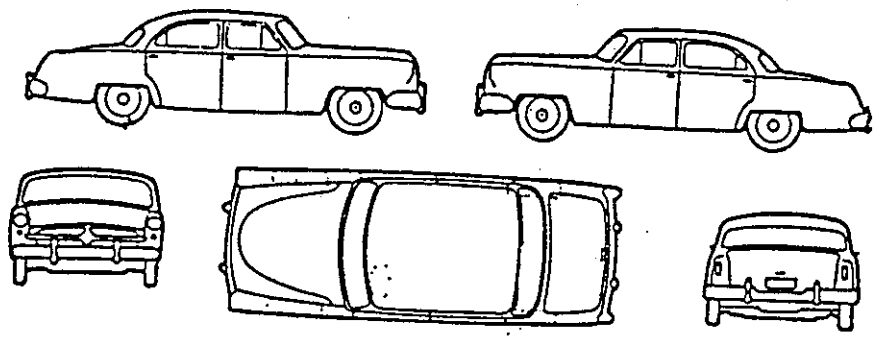
* CHECK ONLY IF MISSING:

Engine ☐ Battery ☐ Alternator/Gen. ☐ Air Cond. Assbly. ☐ Carburetor ☐ Heater ☐ Transmission ☐ Drive/Axle Assbly. ☐

Radio and/or Tape Player ☐ Speaker(s) ☐ Seats: Front ☐ Rear ☐ Wheels and Tires: LF ☐ RF ☐ LR ☐ RR ☐ Spare ☐

Misc. Property In or On Vehicle:

PART IV Indicate damaged, dents, broken glass, flat tires, etc.; by marking an "X" on the damage part on the drawing below. (This does not include minor or superficia



PART V (Comments, Additional property in or on vehicle, etc.)

210106M

Investigating Officer : OFF. JOHN L. LEICHLING I.D.#: 2871 Div.: ARIT Pct.: 01 Date: 6/15/

Signature Vehicle Owner/Representative:

Address:

Date:

Released Authorized By: OFF. John L Leichling I.D. #: 2871 Date: 6/15/

FORM #224 (REV.8/86)

28

[redacted]

'92 SEP 16 A9:15

MEDIATION AND
LITIGATION
SECTION

5306

CSOR0003 MORS II Basic Information 09/15/1992 14:41:25

File Type: info CONTACT NBR: _____

VIN: 1FABP52U6JA[redacted]

LAST NAME: [redacted] 75025

Title: First Name: [redacted] MI:

Address: [redacted]

City: PLANO ST/PV: TX

Home Phone: [redacted] Business Phone: [redacted] Ext:

Year: 88 Model: TAURUS

Mileage/Km: 70000

Dealer Name: _____ SALES CODE: _____

Causal Code: 02 06 Symptoms: 104000 801000

Inquiry Code: _____

Serv Sales: 1 (1 or 2)

Sl Code: _

Form Type: P Micro Nbr: _____

customer was involved in a head on accident.customer says his passenger side seat belt disengaged when the vehicle was struck throwing his wife into the windshield.customer said the accident happened on september 14th 1992 at about 7.10 a.m.customer said the driver's side seatbelt did not hold his back but

F1=HELP F2=EXIT F5=ADD F8=RECALL F9=ESP F10=CASES F11=WARRANTY F12=DEALER

LPIM450

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
SEP 21 1992
OFFICE OF THE
GENERAL COUNSEL

NF 9/24

DID NOT DISENGAGE. CUSTOMER SAID HE BELIEVES BOTH OF THE SEATBELTS ARE DEFECTIVE. CUSTOMER AND HIS WIFE WERE TAKEN TO THE LOCAL HOSPITAL BY HER BROTHER. CUSTOMER HAS CONTACTED HIS INSURANCE COMPANY. CUSTOMER IS CONCERNED ABOUT RELIABILITY OF SAFETY RESTRAINTS. →

CUSTOMER WOULD LIKE THIS MATTER LOOKED INTO BY FORD MOTOR COMPANY. CUSTOMER'S WIFE IS STILL RECEIVING MEDICAL ATTENTION.

CSR: [redacted]

X [redacted]

385

LEGAL

[redacted]

'92 SEP 24 A8:44

MEDIATION AND
LITIGATION
SECTION

S806

c/o
ALSTATE INSURANCE
CLAIM # [redacted]
AGENT: DONNA HARMON
(800) 729-6400

[redacted]0003 MORS II Basic Information 09/23/1992 13:32:09

Case Type: LEGAL CONTACT NBR:
VIN: 2MELM75W5NX[redacted]
LAST NAME: [redacted] ZIP/PC: [redacted]
Title: MS First Name: [redacted] MI: [redacted]
Address: POST OFFICE BOX 405
City: ACCOKEEK ST/PV: MD
Home Phone: [redacted] Business Phone: [redacted] E-Mail:
Year: 92 Model: GRAND MARQUIS
Mileage/Km: 9000
Dealer Name: WILSON POWELL LIN-MER SALES CODE: 334506
Issual Code: 02 Symptoms: 104200
Inquiry Code:
Ser. Sales: 1 (1 or 2)
Pick Code:
Comm Type: P Micro Nbr:

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
SEP 28 1992
OFFICE OF THE
GENERAL COUNSEL

ACCIDENT DATE: 9-4-92.
ACCIDENT OCCURED WHEN A STOLEN VEHICLE RAN INTO THE DRIVER'S DOOR AT ABOUT 65 MPH. WHICH WAS STOPPED AT AN INTERSECTION. CUSTOMER SAYS THAT HER SEAT BELT WAS ON HER AND HER PASSENGER. DRIVER'S BELT UNFASTENED AND SHE SUSTAINED MAJOR INJURIES WHICH INCLUDE: [redacted]

- NUMEROUS BRUISES
- NECK INJURIES
- BROKEN HAND AND FOOT
- SHE IS PARTIALLY BLIND NOW

CUSTOMER WANTS FORD TO INVESTIGATE THE SEAT BELTS ON THIS VEHICLE.

NIF
1011

OGC

[redacted]

FORD MOTOR COMPANY
RECEIVED
CLAIMS
SEP 18 1992
OFFICE OF THE
GENERAL COUNSEL

SB01

MORS II Legal Contact
CONTACT NBR:

Opened:
Closed:
Status:

Last Name: [redacted]
First Name: [redacted]
Title:
Address: [redacted]
Home Phone: [redacted]
Phone: [redacted]
Model: TAURUS
Sales Code:
Symptoms:
Trans Date:
Means Code:
Atty Memo:
Award Amt:
Claimed Amt:
Court Code:

'92 SEP 15 P

MEDIATION AND LITIGATION SECTION

NH 9121

COMMENTS:
Customer says 9/12 his vehicle was rear-ended by another vehicle, causing major damage. Customer says at the point of impact, his driver side seat belt popped open and he sustained a cut on his head from hitting the front of vehicle at that time. Customer says he and his wife were taken to local hospital for treatment. Customer says his wife's passenger side seat belt held but she sustained other minor injuries due to collision, not related to failure of their vehicle. Customer says county and state police agencies made a report at the scene of the accident, but his insurance company (Hartford) has not yet seen the vehicle that was towed from the scene to Ray's Auto Repair, 205 South Nichols, Mathis, Tx 783 59 (512) 547-6304, where it presently remains. Customer says Courtesy Ford. ~~Math~~ Corpus Christi, is the selling dealer and vehicle, which is not operable, will be towed there as soon as possible.
Customer says is not interested in a lawsuit, only in finding out what caused the seat belt to pop open at point of impact, and whether the belt can be repaired to prevent its further occurrence, so that customer will know whether to keep the vehicle or purchase another brand.