



DOT Auto Safety Hotline

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

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 117

Date Received

RECEIVED
FEB 21 2008 8:47

Repository

Reference No.
10003908

OWNER INFORMATION (Type or Print)

Name

Address

City

KAYSVILLE

State UT

Zip Code

DEFECTS INVESTIGATION

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

FILL IN: 1G8ZK8275A2

Make

SATURN

Model

S-SERIES WAGON

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Saturn of Riverdale 801 774 3500

Engine:

No. Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

Riverdale

State

Utah

Zip Code

84051

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

221300 SEATS:FRONT ASSEMBLY:HEAD RESTRAINT

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

1

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER WAS REARENDED BY ANOTHER VEHICLE. WHICH CAUSED THE DRIVER'S SEAT BACK TO COLLAPSE IN THE REAR POSITION, ALSO THE HEAD REST SEPARATED FROM THE SEAT. DRIVER SUFFERED INJURIES. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

See police report Attached Both Vehicles Involved
Were Totaled

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.dot.gov/ncsa

TIME MONTH DAY YEAR: 04 17 02 DAY OF WEEK: M T T F S S MILITARY TIME: 1519 CASE NUMBER: 2022959 03

LOCATION PLACE WHERE ACCIDENT OCCURRED: COUNTY WEBER CITY OR TOWN RIVERDALE

Accident was outside city limits NORTH S E W indicate distance from city limits or nearest town _____ MILES _____ CITY OR TOWN _____

ROAD ON WHICH ACCIDENT OCCURRED: FREEWAY PARK DRIVE - 1500 WEST RAMP NO. _____ INTERSECTION TYPE _____

1. AT ITS INTERSECTION WITH _____

2. IF NOT AT INTERSECTION: 112 NORTH S E W FEET _____ DISTRICT ROAD WATER CONFERM ONLY NEAREST INTERSECTION STREET, HOUSE NO. LANDMARK BE SURE TO COMPLETE IF ROAD HAS MILE POST

VEHICLE 1 YEAR: 1994 MAKE: CADILLAC MODEL: DCS BODY STYLE/TYPE CODE: 4DR D1 VEHICLE COLOR: GREEN G.V.W.R. _____ DESC. OF CARGO CODE _____ COMMERCIAL VEHICLE (REG 12,000 LB. OR MORE) INTERSTATE INTRASTATE

VEHICLE IDENTIFICATION NUMBER: 166KFS240R4 DISPOSITION OF VEHICLE: CODE 1 CHUCKS NO. OF AXLES (INCLUDING ALL TRAILERS) _____ DIR. OF TRAVEL: SOUTH

US DOT _____ LICENSE YEAR: 02 MONTH: 05 STATE: UT NUMBER: LAZZEL PARTS DAMAGED: 123 COST OF REPAIR: 1000

OWNER: FIRST: _____ INITIAL: _____ LAST: _____ STREET, CITY, STATE, ZIP, PHONE NO. _____ PHONE: _____

DRIVER: FIRST: SAME INITIAL: ↑ LAST: ↑ STREET, CITY, STATE, ZIP, PHONE NO. _____ PHONE: _____

DRIVER'S LICENSE: STATE: UT NUMBER: _____ DATE OF BIRTH: _____ AGE: _____ SEX: _____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____ THROUGH WHAT AREA EJECTED? _____

DRIVERS EDUCATION: 1. PUBLIC 2. COM1 3. NONE 4. UNKN YEARS DRIVE EXP: 34 LICENSE CLASS: D ENDORSEMENT: _____ RESTRICTIONS: A 50M21--01--

INSURANCE COMPANY: FARMERS EFFECTIVE DATE: 11-30-01 EXPIRATION DATE: 5-30-02 POLICY NUMBER: 76 15213 4585

INSURANCE APPEARS VALID: YES NO AGENCY THAT SOLD POLICY: FARMERS ADDRESS: ROY, UTAH PHONE: _____

VEHICLE 2 YEAR: 1999 MAKE: SATURN MODEL: SW2 BODY STYLE/TYPE CODE: 4DR 01 VEHICLE COLOR: GREEN G.V.W.R. _____ DESC. OF CARGO CODE _____ COMMERCIAL VEHICLE (REG 12,000 LB. OR MORE) INTERSTATE INTRASTATE

VEHICLE IDENTIFICATION NUMBER: 16B2K9275X7 DISPOSITION OF VEHICLE: CODE 1 PATTIES NO. OF AXLES (INCLUDING ALL TRAILERS) _____ DIR. OF TRAVEL: SOUTH

US DOT _____ LICENSE YEAR: 02 MONTH: 06 STATE: UT NUMBER: 1651004 PARTS DAMAGED: 879 COST OF REPAIR: 1000

OWNER: FIRST: _____ INITIAL: _____ LAST: _____ STREET, CITY, STATE, ZIP, PHONE NO. _____ PHONE: 773-3500

DRIVER: FIRST: _____ INITIAL: _____ LAST: _____ STREET, CITY, STATE, ZIP, PHONE NO. _____ PHONE: _____

DRIVER'S LICENSE: STATE: UT NUMBER: 14148713 DATE OF BIRTH: _____ AGE: _____ SEX: _____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____ THROUGH WHAT AREA EJECTED? _____

DRIVERS EDUCATION: 1. PUBLIC 2. COM1 3. NONE 4. UNKN YEARS DRIVE EXP: 22 LICENSE CLASS: D ENDORSEMENT: _____ RESTRICTIONS: A 50M224501--

INSURANCE COMPANY: SELECT EFFECTIVE DATE: 2-1-2 EXPIRATION DATE: 2-1-3 POLICY NUMBER: 49-98814-03-50

INSURANCE APPEARS VALID: YES NO AGENCY THAT SOLD POLICY: SELECT ADDRESS: OGDEN, UT PHONE: _____

1. PEDESTRIAN 2. BICYCLIST DATE OF BIRTH _____ AGE _____ SEX _____ MARRIAGE TYPE _____ CAUSE _____ AREA _____

NAME: u/a ADDRESS: _____

ORIGINAL REPORT SUPPLEMENTAL REPORT AMENDED REPORT

ORIGINAL

DIAGRAM WHAT HAPPENED BELOW.

Stock # 570924

CASE NUMBER

2022959

Reason For No Diagram

- 1 Observed at scene
- 2 Vehicle moved
- 3 Other

INDICATE DIRECTION OF NORTH

VEHICLE NO. NO.

ESTIMATED TRAVEL SPEED

ESTIMATED IMPACT SPEED

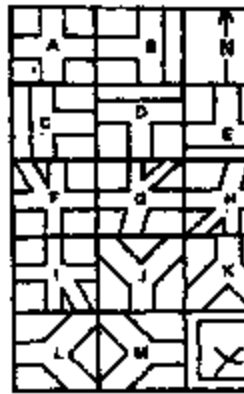
POSTED SPEED

ADVISORY SPEED



PARKING LOT ENTRANCE

WALTER CONSERVATION ST. ROAD



INDICATE INTERSECTION TYPE

PATH OF VEHICLE

FREEWAY PARK DRIVE

DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number)

BOTH VEHICLES WERE SOUTH BOUND ON FREEWAY PARK DRIVE. VEH #2 STOPPED TO MAKE A LEFT TURN WITH SIGNAL. VEH #1 WAS TOO CLOSE TO MOVE OVER AFTER TRUCK HAD LOOKED AWAY FROM THE ROADWAY MOMENTARILY. VEH #1 STRUCK VEH #2.

If Hazardous Materials were involved list the placard number from off the commercial vehicle:

DAMAGE TO PROPERTY OTHER THAN VEHICLES

N/A

Name, object, and state where and amount of damage

ESTIMATE

Name and address of owner of object struck

WITNESSES

Name ADONE

Address

Phone

Name

Address

Phone

FIRST AID ADMINISTERED BY

2

- 1 - Policeman
- 2 - Fireman
- 3 - Ambulance Personnel
- 4 - Paramedics
- 5 - Doctor
- 6 - Private Individual
- 7 - Hospital
- 8 - Helicopter Personnel
- 9 - Nurse Administrator
- 0 - Unknown

FILE REPORT NO.

209

FILE REPORT NO.

INJURED TAKEN BY

- 1 - Ambulance, Private
- 2 - Ambulance, Fire
- 3 - Paramedics
- 4 - Private Vehicle
- 5 - Helicopter
- 6 - Other

1

TIME Amb. Called: 1519 Arrived: 1521

INJURED TAKEN TO McKay Hospital

POLICE ACTIVITY

04 17 02 Date Month of Accident

Date Month of Accident

1519 Time Month of Accident

Time Month of Accident

RUSE MILITARY TIME

1520 Arrived at Scene

Arrived at Scene

Investigation of Accident

Completed at

1615

the same day

the

the following

Source of information

Officer at scene X X X

Driver No. Contacted station

Other

PHOTO(S) TAKEN

YES NO

VIDEOTAPED TAKEN

YES NO

FIELD DIAGRAM

YES NO

Name

Charge

improper lookout, C.T.#26237259

Name

Charge

CVSA inspection Yes No

If Yes, Report Number

Other action taken

ADONE

PRINT

L.H. SAUNDERS

7717 TRAFFIC RIVERDALE

04 17 02

OFFICER'S RANK AND NAME

I.D. NO.

PATROL DIVISION

DEPARTMENT

SUPERVISOR APPROVAL

DATE OF REPORT