



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

**DOT Auto Safety Hotline**  
**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 252

Date Received: 12 JAN 2003  
Repository:   
Reference No.: 10004164  
OFFICE DEFECTS INVESTIGATION

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: COMPTON State: CA Zip Code: [REDACTED]  
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]  
Evening Telephone Number: [REDACTED]

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 on bottom of windshield on driver's side: PLEASE FILL IN 1HGCE6674TAD13095  
Make: HONDA Model: ACCORD Model Year: 1996  
Date Purchased: 6-14-98 Dealer's Name and Telephone Number: GARDENA HONDA 310-515-5700 Engine: V6 No. of Cylinders: 6 Fuel Type: UNLEADED  
Original Owner:  NO Dealer's City: GARDENA State: CA Zip Code: 90249  
Transmission Type: AUTOMATIC  Antilock Brakes Powertrain: \_\_\_\_\_ Vehicle Component Code: 140000 AIR BAGS  
 Cruise Control Multiple Failure: \_\_\_\_\_

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 1-6-03 Failure Mileage: 61800 Failure Speed: 0

**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:  Yes  No Fire:  Yes  No  
Number of Persons Injured: 3 SELF Number of Deaths: 0 Reported to Police:

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).

WHILE SITTING AT AN INTERSECTION WAITING FOR THE TRAFFIC LIGHT TO CHANGE, ANOTHER VEHICLE HIT HIM FROM BEHIND AND THE DRIVER AIRBAG DIDN'T DEPLOY AT ALL. PLEASE FILL IN ADDITIONAL INFORMATION DEALER IS AWARE OF THE PROBLEM. TS

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)

I HAVE CALLED AND TAKEN THIS VEHICLE BACK TO THE DEALER SEVERAL TIMES BUT THEY REFUSED TO REPAIR IT. I FEEL THIS IS A DEFECT IN THIS AUTO AND SHOULD BE REPAIRED SOLELY AT DEALER EXPENSE. I WAS INVOLVED IN AN ACCIDENT ON 1-6-03 THE AIR BAGS DID NOT DEPLOY I AM PRESENTLY SEE'ING A DR. FOR HEAD NECK AND BACK INJURIES THAT I SUFFERED, I FEEL THIS SYSTEM IS A SERIOUS SAFETY HAZARD FOR MYSELF AND PASSENGERS AND DEFINITELY A DEFECT IN THIS CAR AND SHOULD BE REPAIRED IMMEDIATELY BEFORE SOMEONE IS KILLED

SIGNED

THIS VEHICLE HAD ONLY 27000 MILES ON IT AND ONLY FIVE YEARS OLD WHEN I PURCHASED IT AND THE AIR BAG SYSTEM MALFUNCTION. PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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  
DOT Auto Safety Hotline, NSA-10.1  
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**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety Administration  
http://www.nhtsa.dot.gov/hotline

DEPT  FATALITY  ...

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

REPORTING AGENCY: Tulsa Police Department

REPORT NUMBER: 2003001604

DATE: 01/06/2003 TIME: 1520

LOCATION: East First Street

CITY: Tulsa

TYPE OF COLLISION: BROKEN ARROW

PLATE: 2001 BLU MTS

INSURANCE: CALIFORNIA CASUALTY INDEMNITY EXCH

INSURANCE: ALIBRIDE INSURANCE

PLATE: 96 BLK HOND

PLATE: 37-618

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

PLATE: 37-1201

WARNING - STATE L.A.V. - Loss of cards for payments - call 800-452-7777

1. Driver's License	2. Driver's License	3. Driver's License	4. Driver's License	5. Driver's License	6. Driver's License	7. Driver's License	8. Driver's License	9. Driver's License	10. Driver's License
11. Driver's License	12. Driver's License	13. Driver's License	14. Driver's License	15. Driver's License	16. Driver's License	17. Driver's License	18. Driver's License	19. Driver's License	20. Driver's License
21. Driver's License	22. Driver's License	23. Driver's License	24. Driver's License	25. Driver's License	26. Driver's License	27. Driver's License	28. Driver's License	29. Driver's License	30. Driver's License
31. Driver's License	32. Driver's License	33. Driver's License	34. Driver's License	35. Driver's License	36. Driver's License	37. Driver's License	38. Driver's License	39. Driver's License	40. Driver's License

DISTRICT OFFICE DISTRICT OFFICE DISTRICT OFFICE DISTRICT OFFICE	DISTRICT OFFICE DISTRICT OFFICE DISTRICT OFFICE DISTRICT OFFICE
--	--

**For Diagram See Truck And Bus - Supplement**

**For Remarks See Narrative**

1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ] 7. [ ] 8. [ ] 9. [ ] 10. [ ]		11. [ ] 12. [ ] 13. [ ] 14. [ ] 15. [ ] 16. [ ] 17. [ ] 18. [ ] 19. [ ] 20. [ ]		21. [ ] 22. [ ] 23. [ ] 24. [ ] 25. [ ] 26. [ ] 27. [ ] 28. [ ] 29. [ ] 30. [ ]	
31. [ ] 32. [ ] 33. [ ] 34. [ ] 35. [ ] 36. [ ] 37. [ ] 38. [ ] 39. [ ] 40. [ ]		41. [ ] 42. [ ] 43. [ ] 44. [ ] 45. [ ] 46. [ ] 47. [ ] 48. [ ] 49. [ ] 50. [ ]		51. [ ] 52. [ ] 53. [ ] 54. [ ] 55. [ ] 56. [ ] 57. [ ] 58. [ ] 59. [ ] 60. [ ]	
61. [ ] 62. [ ] 63. [ ] 64. [ ] 65. [ ] 66. [ ] 67. [ ] 68. [ ] 69. [ ] 70. [ ]		71. [ ] 72. [ ] 73. [ ] 74. [ ] 75. [ ] 76. [ ] 77. [ ] 78. [ ] 79. [ ] 80. [ ]		81. [ ] 82. [ ] 83. [ ] 84. [ ] 85. [ ] 86. [ ] 87. [ ] 88. [ ] 89. [ ] 90. [ ]	
91. [ ] 92. [ ] 93. [ ] 94. [ ] 95. [ ] 96. [ ] 97. [ ] 98. [ ] 99. [ ] 100. [ ]		101. [ ] 102. [ ] 103. [ ] 104. [ ] 105. [ ] 106. [ ] 107. [ ] 108. [ ] 109. [ ] 110. [ ]		111. [ ] 112. [ ] 113. [ ] 114. [ ] 115. [ ] 116. [ ] 117. [ ] 118. [ ] 119. [ ] 120. [ ]	

THIS REPORT IS MADE ON THE BASIS OF THE INFORMATION RECEIVED BY THE REPORTER AT THE TIME OF THE ACCIDENT. IT MAY DIFFER FROM THE RECORDS OF THE AGENCY.

DO NOT WRITE IN THIS SPACE

Sheet 3 of 8 Sheets

## OFFICIAL OKLAHOMA TRUCK AND BUS COLLISION REPORT -- SUPPLEMENT

WHEN TO USE THIS FORM: Did the collision involve....

PART 1 A truck with a load too high and/or too wide?

Any vehicle with a hazardous material placard?

A bus designed to carry 15 or more persons, including the driver?

STOP! If any response to Part 1 is "YES" continue to Part 2. If all responses to PART 1 are "NO" do not complete this form.

PART 2 Any person who was fatally injured?

Any injured person requiring transport for immediate medical treatment?

One or more vehicles that had to be towed from the scene as a result of the collision?

One or more vehicles that required repair or were provided assistance before proceeding from the scene under own power?

STOP! If any response to Part 2 is "YES" complete this form. If all responses to PART 2 are "NO" do not complete this form.

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

TRUCK/BUS/VEHICLE #		REGISTRATION		REPORTING AGENCY X Tulsa Police Department		ACCIDENT NO. 2083801464		AGENCY TYPE	
MONTH 01	DAY 05	YEAR 2003	24 HOUR TIME 1528	COUNTY Tulsa		ROUTE NUMBER 72			
UNIT NUMBER			UPDOT ORIGIN AGENCY			IC NUMBER			
DRIVER NAME									
CARRIER ADDRESS									
CITY									
STATE									
ZIP									
EMPLOYER	TOTAL NO. AXLES	FACTORY PLACARD	Y	N	HAZARDOUS MATERIALS PROGRAM	HAZARDOUS MATERIALS	Y	N	HAZARDOUS MATERIALS
HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS
HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS
VEHICLE CONFIGURATION									
VEHICLE TYPE									
INJURY SEVERITY									
TYPE OF INJURY									
SAFETY EQUIPMENT IN USE									
POSITION IN VEHICLE									
SOURCE OF DRIVER NAME									
INVESTIGATOR'S INITIALS & BADGE									
DATE									
REPORT DATE									

DPS-016202 Rev.5/87

DATE: 11/15/2011 10:00:00 AM

PROJECT: **WAGY**

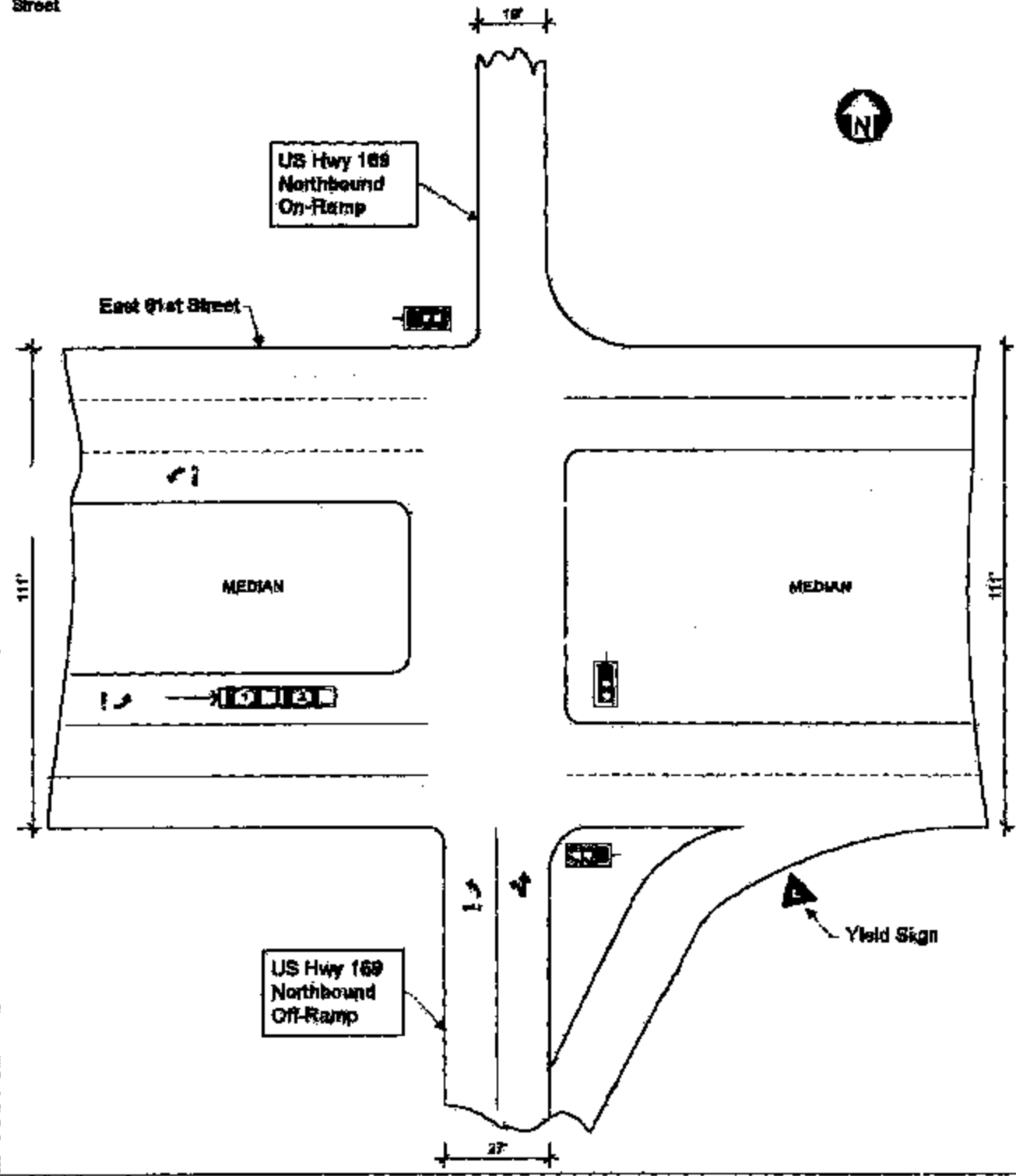
SECTION OF TRAIL: **W**

DATE: **11/15/2011**

SCALE: **1" = 100'**

DESIGNED BY: **WAGY**

POI: 30' West of West E/R of South US 169 Hwy On-ramp and 35' North of South E/R of East 81st Street



**ACCIDENT DESCRIPTION/NARRATIVE**

PAGE 5 OF 6 PAGES  
REGISTRATION

DATE 01	DAY 08	YEAR 2003	REPORT TIME 1528	CRASH TYPE Turn	ACCIDENT NUMBER Z003081054
------------	-----------	--------------	---------------------	--------------------	-------------------------------

Driver 2 stated he was stopped waiting to make a left turn in the turn lane. He stated he looked in his rear view mirror and noticed Unit 1 coming towards him and failing to stop, striking the rear of his vehicle.

Driver 1 stated she was behind Unit 2 and failed to stop striking his vehicle in the rear.

Location, Date and Time: Littlefield, Ditch OFF. DL5283	Date: 10/03
Accident description and vehicle details follow if the following apply:	1. DRIVERS 2. POSITIONS AND ACTIONS 3. DAMAGE TO VEHICLES 4. WEATHER 5. ROADWAY SURF 6. VEHICLE IDENTIFICATION 7. WITNESS STATEMENTS 8. PHOTOGRAPHS AT SCENE 9. OFFICER'S OPINION/CONCLUSION

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**