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 335

Date Received	Repository
10-MAR-2003	2003 MAY 13 PM Reference No. 14 10011177

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City: INDEPENDANCE / State: MO / Zip Code:	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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number (vertical or location of windshield on driver's side)	Make	Model	Model Year
1FMZU73E42Z	FORD	EXPLORER SPORT	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
Original Owner ☒	Dealer's City: Blue Springs / State: Mo / Zip Code: 64015		UNL

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	Automatic	140000 AIR BAGS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
1/1/2003	20 000	N/A	Drivers air bag + passengers air bag didn't deploy

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: DOTMAL9ABC036)	☐ 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	N	N Yes

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 LOSS CONTROL OF THE VEHICLE AND HIT SOME TREES, AND NONE OF THE AIR BAGS DEPLOYED.*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Please see attachments.

Injuries: Memory loss, soreness of head, neck, back, & shoulders.
At the time of accident I had small cuts on my hands & bruises on my body - arms, neck, back, & hands. Went to the hospital that night. I still don't remember anything good that day or accident.

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

1-866-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

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

MISSOURI UNIFORM ACCIDENT REPORT

SPACE USED FOR BARCODE

ORIGINAL

LEE'S SUMMIT MISSOURI
POLICE DEPARTMENT
ORI # MO0480800

LEFT THE SCENE	CLEARED	ACCIDENT CLASSIFICATION	NUMBER INJURED	NUMBER KILLED	
☐ YES ☒ NO	☐ YES ☐ NO	☐	1		03-00017

	01-01-2003	0020	0021	0025	01-01-2003

2 - LOCATION

Jackson	Lee's Summit	1	116	☒ YES ☐ NO

CST Douglas ST	____ FEET ____ . ____ MILES	☐ AFTER ☐ BEFORE ☒ AT	CST Lee's Summit Rd			
N	SPEED LIMIT 35		SPEED LIMIT 35	GEO - CODE	GPS LONGITUDE	LATITUDE

☐ 1. STATE ☐ 2. COUNTY ☒ 3. MUNICIPAL ☐ 4. PRIVATE PROPERTY ☐ 5. OTHER ☒ NONE

GIVE OWNERS NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.
☐ MoDOT

4. DRIVER 1

[redacted] Independence, Mo [redacted]

DRIVER'S LICENSE NUMBER / ID NUMBER	STATE	TYPE OF LICENSE				MC ENDORSEMENT
[redacted]	Mo	☒ 1. OPERATOR CLASS E ☐ 2. CDL CLASS ____	☐ 3. PERMIT ☐ 4. UNLICENSED	☐ 5. MC ONLY		☐ YES ☐ NO ☒ NA

INSURANCE COMPANY			POLICY NUMBER
☒ YES ☐ NO ☐ NOT REQUIRED	Metropolitan Prop. + Casualty	☐ DRIVER ☒ VEHICLE	☐ NA [redacted]

VEHICLE 1

YEAR	MAKE	MODEL	COLOR
2002	Ford	Explorer	Black

[redacted]	Mo	YEAR 2004	1FMZU73E42U [redacted]	TOTAL NO. OF OCCUPANTS 1

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER | ADDRESS (STREET, CITY, STATE, ZIP) | ☐ SAME AS DRIVER

DAMAGE			TOW CO. INFORMATION
☐ NONE ☐ NA 2	16 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	☒ YES ☐ NO	ARC Tow Co 12 SE 16th ST.

5. DRIVER 2

N/A

DRIVER'S LICENSE NUMBER / ID NUMBER	STATE	TYPE OF LICENSE			MC ENDORSEMENT
		☐ 1. OPERATOR CLASS ____ ☐ 2. CDL CLASS ____	☐ 3. PERMIT ☐ 4. UNLICENSED	☐ 5. MC ONLY	☐ YES ☐ NO ☐ NA

INSURANCE COMPANY			POLICY NUMBER
☐ YES ☐ NO ☐ NOT REQUIRED		☐ DRIVER ☐ VEHICLE	☐ NA

VEHICLE 2

YEAR	MAKE	MODEL	COLOR
N/A			

	YEAR		TOTAL NO. OF OCCUPANTS

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER | ADDRESS (STREET, CITY, STATE, ZIP) | ☐ SAME AS DRIVER

DAMAGE			TOW CO. INFORMATION
☐ NONE ☐ NA	16 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	☐ YES ☐ NO	

6 - WITNESS ☒ NONE IDENTIFIED

NAME OF WITNESS	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.

ORIGINAL

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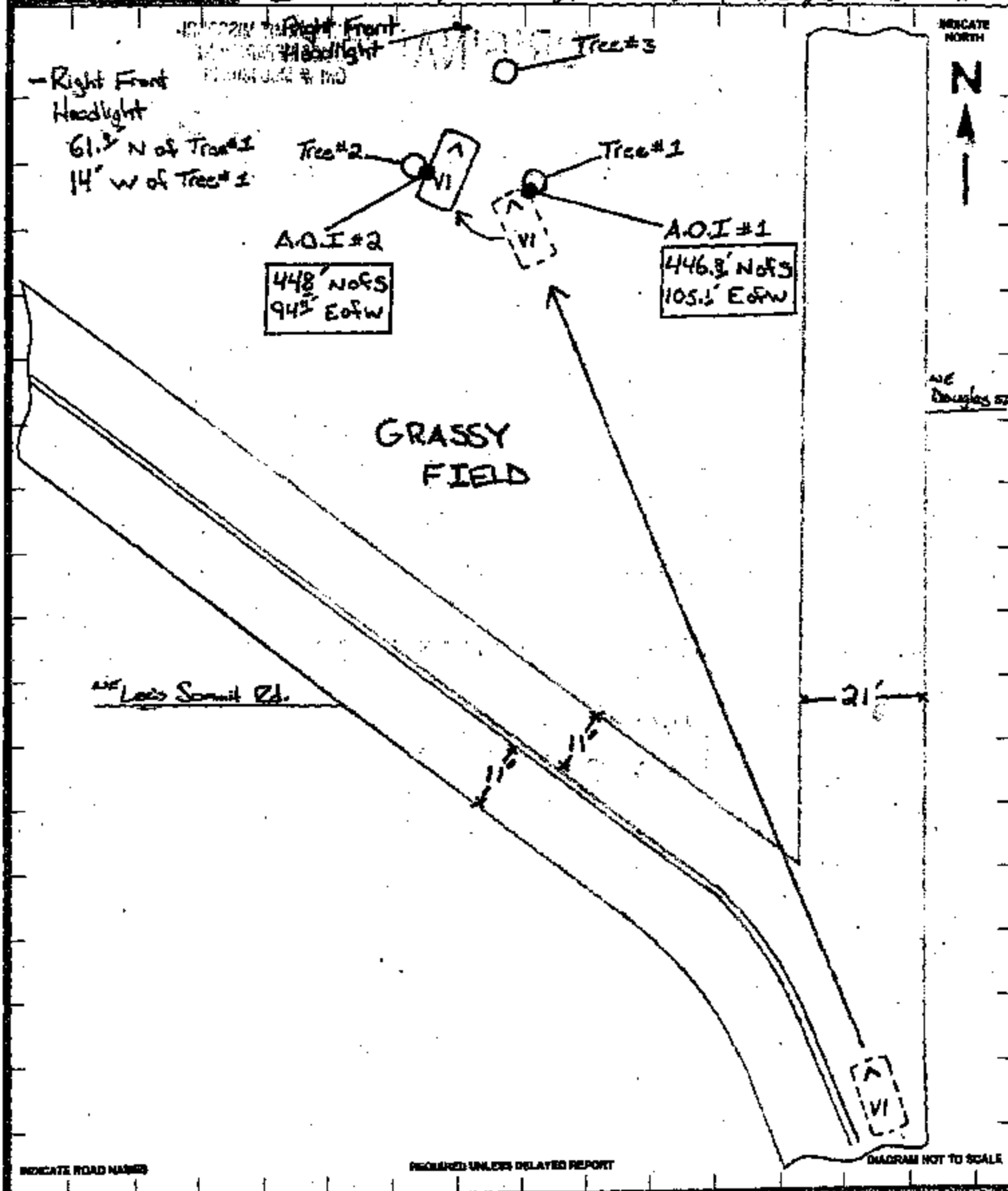
V1 (N) S W V2 N E S W V3 N E S W V4 N E S W Est. Speed - Pulse/Only V1 V2 V3 V4



INDICATE ROAD NAMES REQUIRED UNLESS DELAYED REPORT DIAGRAM NOT TO SCALE

8. EVIDENTIARY PHOTOS TAKEN [X] YES [ ] NO BY WHOM [redacted] AVAILABLE FROM LSPD

RECONSTRUCTION - Includes Measure, Diagram, & Photo(s)

[ ] YES [X] NO BY WHOM

ORIGINAL

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9 - CODES

SEAT LOCATION
XX - Not Known
F - Pedestrian
B - Bicycle
M - Motorcycle
OE - Occupant - Enclosed Load Area
OU - Occupant - Unenclosed Load Area
CP - Commercial Passenger
SV - Other (Explain in Remarks)
FR BR TR / FC SC TC / FL BL TL

INJURY
1. Fatal
2. Disabling
3. Evident - Not Disabling
4. Probable - Not Apparent
5. None Apparent
6. Unknown

TRANSPORTED (Medical Treatment)
1. No
2. EMS
3. Other
4. Unknown

EJECTION
1. NA
2. No
3. Partially
4. Totally
5. Unknown

AIR BAG FRONT
1. None / NA
2. Deployed
3. Not Deployed

AIR BAG SIDE
1. None / NA
2. Deployed
3. Not Deployed

SAFETY DEVICES
1. None
2. Not Used
3. Shoulder Belt Only
4. Lap Belt Only
5. Shoulder and Lap Belt
6. Child Restraint
7. Helmet Used
8. Helmet Not Used
9. Use Unknown

10 - DRIVERS

NAME / ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANSPORT	EJECTION	AIR BAG F	AIR BAG S	SAF DEV	TELEPHONE NO.
☐ NA DRIVER 1 - SAME ADDRESS AS ABOVE	[redacted]	F	1	FL	3	2	2	3	1	5	[redacted]
☒ NA DRIVER 2 - SAME ADDRESS AS ABOVE			2								

11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)

☐ SAD											
☐ SAD											
☐ SAD											
☐ SAD											
☐ SAD											
☐ SAD											

VEHICLE

V1 V2
☐ ☐ 1. Passenger Car
☐ ☐ 2. Station Wagon
☒ ☐ 3. Sport Utility Vehicle
☐ ☐ 4. Limousine (9-15 for hire)
☐ ☐ 5. Van (9 or less with driver)
☐ ☐ 6. Small Bus (9-15 with driver)
☐ ☐ 7. Bus (16 or more with driver)
☐ ☐ 8. School Bus (less than 16 with driver)
☐ ☐ 9. School Bus (16 or more with driver)
☐ ☐ 10. Motorcycle → ☐ 2 Wh. ☐ 3 Wh. ☐ 4 Wh. ☐ 5 Wh. or More ☐ Unknown
☐ ☐ 11. ATV
☐ ☐ 12. Motorized Bicycle
☐ ☐ 13. Pedalcycle
☐ ☐ 14. Motor Home / Camper
☐ ☐ 15. Farm Implements
☐ ☐ 16. Construction Equipment
☐ ☐ 17. Other Transport Device
☐ ☐ 18. Unknown
☐ ☐ 19. Pick-up
☐ ☐ 20. Single-unit Truck: 2 axles, 6 tires
☐ ☐ 21. Single-unit Truck: 3 or more axles
☐ ☐ A. Vehicle Pulling Another Unit(s) 1-21 only
☐ ☐ 22. Truck Tractor With No Units
☐ ☐ 23. Truck Tractor With One Unit
☐ ☐ 24. Truck Tractor With Two Units
☐ ☐ 25. Truck Tractor With Three Units
☐ ☐ 26. Other Heavy Truck

GCVW Rating (not licensed weight) 19-26 only
☐ ☐ Less than or equal to 10,000 lbs.
☐ ☐ 10,001 - 26,000 lbs.
☐ ☐ Greater than 26,000 lbs.

12. EMERGENCY VEHICLE INVOLVEMENT ☒ NA
V1 V2
☐ ☐ 1. Police
☐ ☐ 2. Fire
☐ ☐ 3. Ambulance
☐ ☐ 4. Other (must check "A")
☐ ☐ A. Emergency Vehicle on Emergency Run

14. HAZARDOUS MATERIALS ☒ NA
V1 V2
☐ ☐ Placard Displayed
☐ ☐ 1. Gases in Bulk
☐ ☐ 2. Solids in Bulk
☐ ☐ 3. Liquids in Bulk
☐ ☐ 4. Explosives
☐ ☐ 5. None
☐ ☐ A. Hazardous Materials' Cargo Released / Spilled

LOCATION
☐ 1. On Roadway
☒ 2. Off Roadway

COLLISION INVOLVING
☐ 1. Animal
☐ 2. Pedalcycle
☒ 3. Fixed Object
☐ 4. Other Object
☐ 5. Pedestrian
☐ 6. Train
☐ 7. MV In Transport
☐ 8. MV on Other Roadway
☐ 9. Parked MV

NON-COLLISION
☐ 10. Overturning
☐ 11. Other Non-Collision

TWO VEHICLE COLLISION
☐ 60. Head On
☐ 61. Rear End
☐ 62. Sideswipe - Meeting
☐ 63. Sideswipe - Passing
☐ 64. Angle
☐ 65. Backed Into
☐ 67. Other

TRAFFIC CONTROL
V1 V2
☒ ☐ 1. Normal
☐ ☐ 2. Accident Ahead
☐ ☐ 3. Congestion Ahead

ACTION
1. Going Straight
2. Overtaking
3. Making Right Turn
4. Right Turn on Red
5. Making Left Turn
6. Making U Turn
7. Skidding / Sliding
8. Slowing / Stopping
9. Start In Traffic
10. Start From Parked
11. Backing
12. Stopped in Traffic
13. Parked
14. Changing Lanes
15. Avoiding
16. Crossover Median
17. Crossover Centerline
18. Crossing Road
19. Airborne
20. Ran Off Road - Right
21. Ran Off Road - Left
22. Overturn / Rollover
23. Fire / Explosion
24. Immersion
25. Jackknife
26. Cargo Loss / Shift
27. Equipment Failure
28. Separation of Units
29. Returned to Road
30. Collision Inv. Pedestrian
31. Collision Inv. Pedalcycle
32. Collision Inv. Train
33. Collision Inv. Animal (enter code - explain)
34. Collision Inv. MV in Transport
35. Collision Inv. Parked Motor Vehicle
36. Collision Inv. Fixed Object (enter code - explain)
37. Collision Inv. Other Object (explain)
38. Other - Non Collision

V1 ☐ Unknown
1 / 20 / 36 / ____ / ____ / ____ / ____

35. Animal Code ____
36. Fixed Object Code 20 / ____ / ____

V2 ☐ Unknown
____ / ____ / ____ / ____ / ____ / ____ / ____

35. Animal Code ____
36. Fixed Object Code ____ / ____ / ____

Animal, Fixed Object, and Inattention Codes explained in narrative.

ORIGINAL

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17. VEHICLE CONDITION

V1	V2	
☐	☐	1. Vehicle Defects (explain)
☐	☐	2. Traffic Control Inoperable or Missing
☐	☐	3. Improperly Stopped on Roadway
☒	☐	4. Speed - Exceeded Limit
☐	☐	5. Too Fast for Conditions
☐	☐	6. Improper Passing
☐	☐	7. Violation Signal / Sign
☐	☐	8. Wrong Side (not passing)
☐	☐	9. Following Too Close
☐	☐	10. Improper Signal
☐	☐	11. Improper Backing
☐	☐	12. Improper Turn
☐	☐	13. Improper Lane Usage / Change
☐	☐	14. Wrong Way (One-Way)
☐	☐	15. Improper Start From Park
☐	☐	16. Improperly Parked
☐	☐	17. Failed to Yield
☐	☐	18. Alcohol
☐	☐	19. Drugs
☐	☐	20. Physical Impairment (explain)
☐	☐	21. Inattention (explain)

P1 ____ P2 ____ V1 ____ V2 ____

☐ ☐ ☐ ☐ 22. None

18. PEDESTRIAN INVOLVEMENT P1 P2 ☒ NA

☐ ☐ 1. At Intersection
☐ ☐ 2. Not At Intersection

CROSSING ROAD

☐ ☐ 3. With Signal
☐ ☐ 4. Against Signal
☐ ☐ 5. No Signal
☐ ☐ 6. Diagonally
☐ ☐ 7. Within Crosswalk
☐ ☐ 8. Within Marked Crosswalk

☐ ☐ 9. Behind / In Front of Parked Car
☐ ☐ 10. With Traffic
☐ ☐ 11. Against Traffic
☐ ☐ 12. Getting On / Off Vehicle
☐ ☐ 13. Standing / Lying / Sitting on Road
☐ ☐ 14. Pushing / Working on Vehicle
☐ ☐ 15. Other Working
☐ ☐ 16. Playing on Road
☐ ☐ 17. Off Roadway

20. VISION OBSCURED

V1	V2	
☐	☐	1. Windshield
☐	☐	2. Load on Vehicle
☐	☐	3. Trees / Brush
☐	☐	4. Building
☐	☐	5. Embankment
☐	☐	6. Signboards
☐	☐	7. Hillcrest
☐	☐	8. Parked Cars
☐	☐	9. Moving Cars
☐	☐	10. Glare
☐	☐	11. Other (explain)
☒	☐	12. Not Obscured

21. TRAFFIC CONTROL

V1	V2	
☐	☐	1. Construction Zone
☐	☐	2. Other Work Zone
☐	☐	3. School Zone
☐	☐	4. Stop Sign
☐	☐	5. Electric Signal
☐	☐	6. RR Signal / Gate
☐	☐	7. Yield Sign
☐	☐	8. Officer / Flagman
☐	☐	9. No Passing Zone
☐	☐	10. Turn Restricted
☐	☐	11. Signal on School Bus
☒	☐	12. None

22. ROAD CHARACTER

ALIGNMENT
☐ 1. Straight
☒ 2. Curve

PROFILE
☐ 1. Level
☒ 2. Grade
☐ 3. Hillcrest

23. LIGHTING
☐ 1. Daylight
☒ 2. Dark with Street Lights On
☐ 3. Dark with Street Lights Off
☐ 4. Dark - No Street Lights
☐ 5. Indeterminate (explain)

24. WEATHER CONDITION
☒ 1. Clear
☐ 2. Cloudy
☐ 3. Rain
☐ 4. Snow
☐ 5. Sleet
☐ 6. Freezing (temp.)
☐ 7. Fog / Mist
☐ 8. Indeterminate (explain)

25. ROAD SURFACE
☐ 1. Concrete ☐ 3. Brick ☐ 5. Dirt / Sand
☒ 2. Asphalt ☐ 4. Gravel ☐ 6. Multi-Surface

26. ROAD CONDITION
☒ 1. Dry
☐ 2. Wet
☐ 3. Snow
☐ 4. Ice
☐ 5. Slush
☐ 6. Mud
☐ 7. Standing Water
☐ 8. Moving Water
☐ 9. Other (explain)

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

Answer the following to determine if this section should be completed.

1. Does this accident involve any of the following:
   1. a person fatally injured; or
   2. a person transported for medical attention; or
   3. a vehicle towed from the scene of the accident

   ☐ NO - DO NOT COMPLETE
   ☒ YES - GO TO NUMBER 2

2. Examine each vehicle to determine if it is a commercial vehicle based on the following:
   1. a truck with GCWVR of more than 10,000 lbs. and engaged in commerce; or
   2. a bus or school bus (9 or more including driver); or
   3. a vehicle with a hazardous materials placard

   ☒ NO - DO NOT COMPLETE
   ☐ YES - COMPLETE SECTIONS B - E

B. CARRIER ID NUMBER

V1 ICC NO. MC _____ USDOT NO. _____

V2 ICC NO. MC _____ USDOT NO. _____

C. HAZARDOUS MATERIAL PLACARD NUMBER ☐ NA

V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____

V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____

D. TRAFFICWAY
☐ 1. Two-Way; Not Divided
☐ 2. Two-Way; Divided; Unprotected Median
☐ 3. Two-Way; Divided; Positive Median Barrier
☐ 4. One-Way; Not Divided

E. CARGO BODY TYPE

V1	V2	
☐	☐	1. Enclosed Box
☐	☐	2. Cargo Tank
☐	☐	3. Flatbed
☐	☐	4. Dump
☐	☐	5. Concrete Mixer
☐	☐	6. Auto Transporter
☐	☐	7. Garbage / Refuse
☐	☐	8. Grain, Chip, Gravel
☐	☐	9. Pole Trailer
☐	☐	10. Other

28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

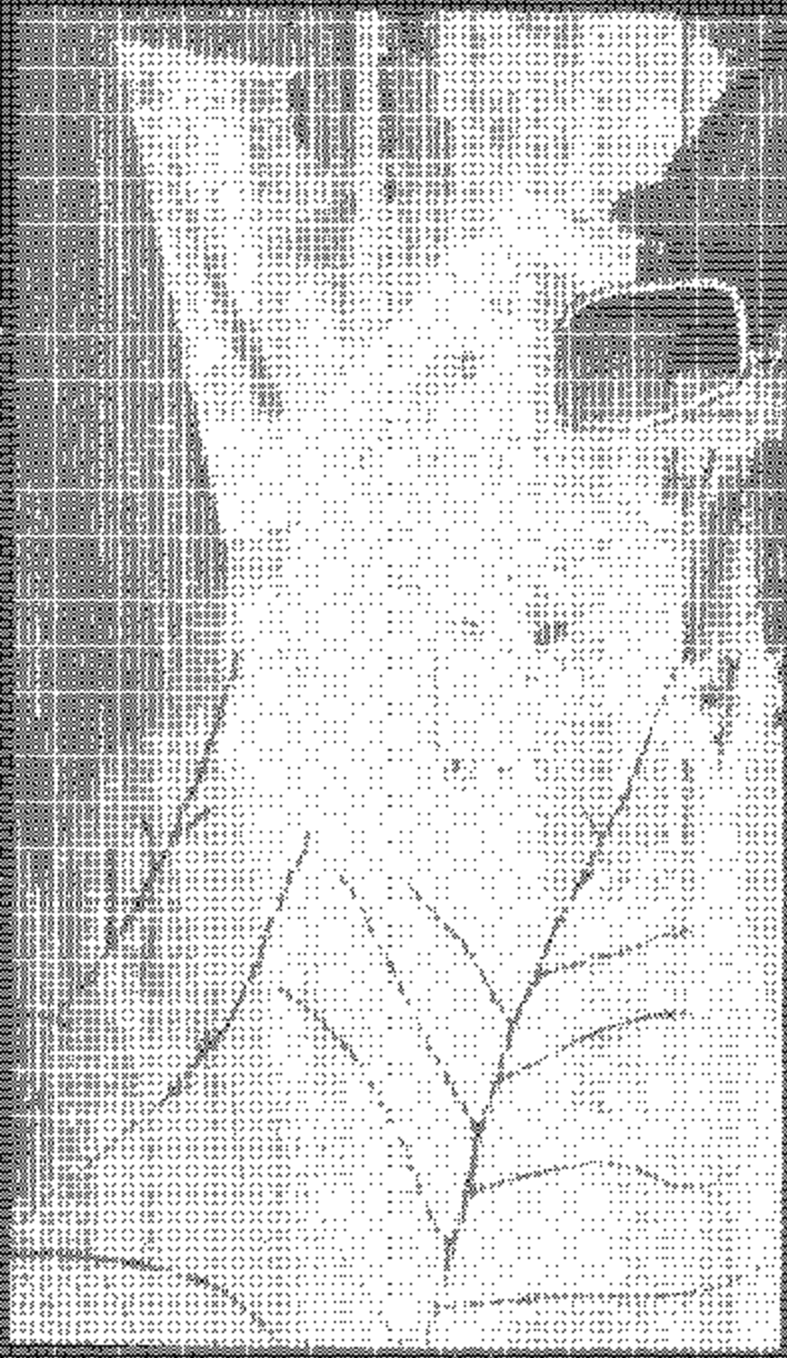
Vehicle #1 was traveling Westbound on "E Douglas ST" approaching "E Lees Summit Rd." When V#1 approached the split on Douglas at Lee's Summit Rd. V1 left the roadway. V#1 traveled approximately 447 feet through a grassy field and struck a tree.

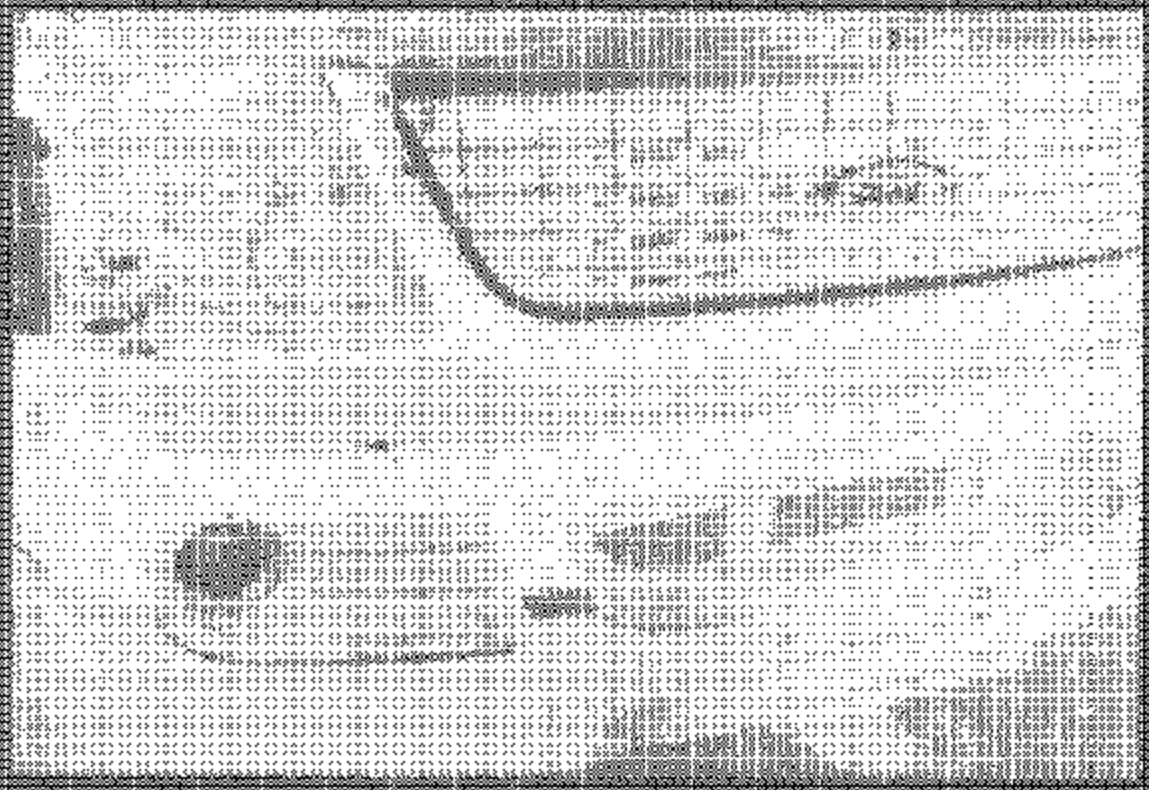
Driver#1 was transported by Ambulance to St. Joseph Hospital. TO B. Conard went to the Hospital where he conducted an A.I.R. (SEE SUP-REPORT).

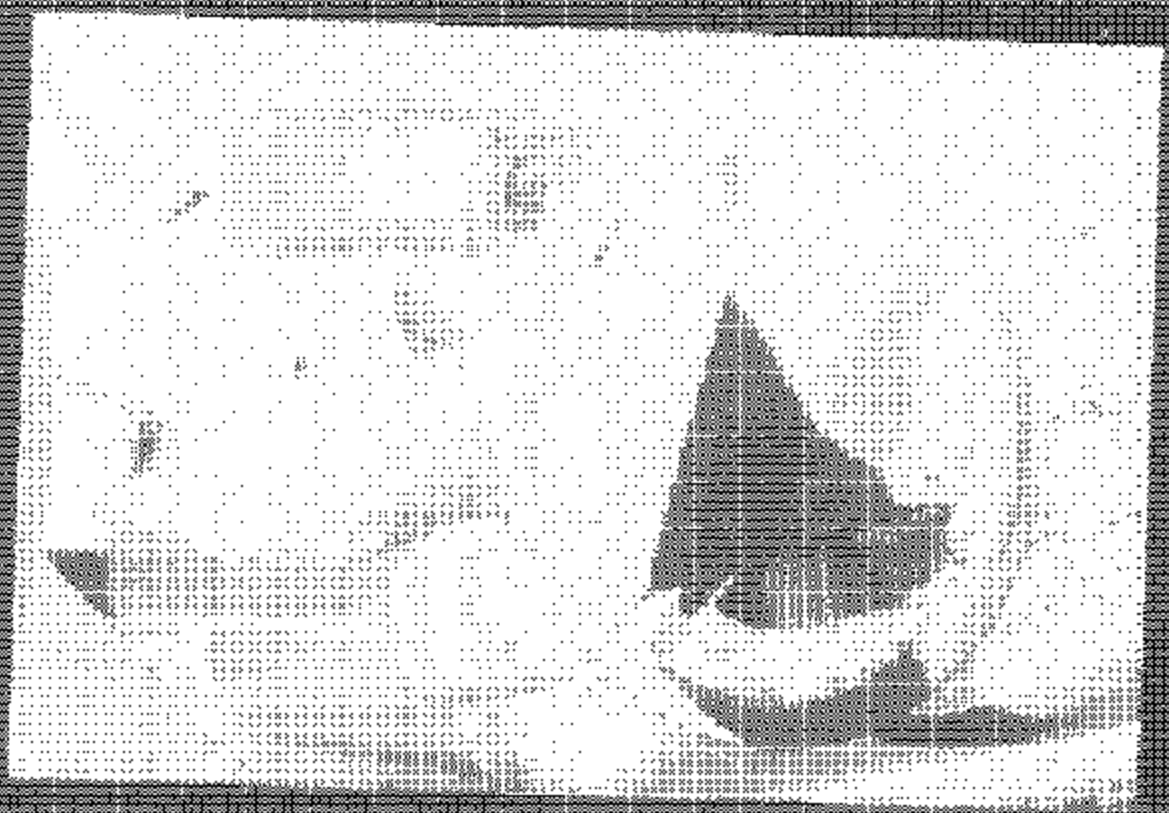
I issued Driver#1 a UTT for "DWI driving" (OFD)# 29-114 UTT# 06919288) and a UTT for "Driving While Suspended" (OFD)# 29-102 UTT# 06919289).

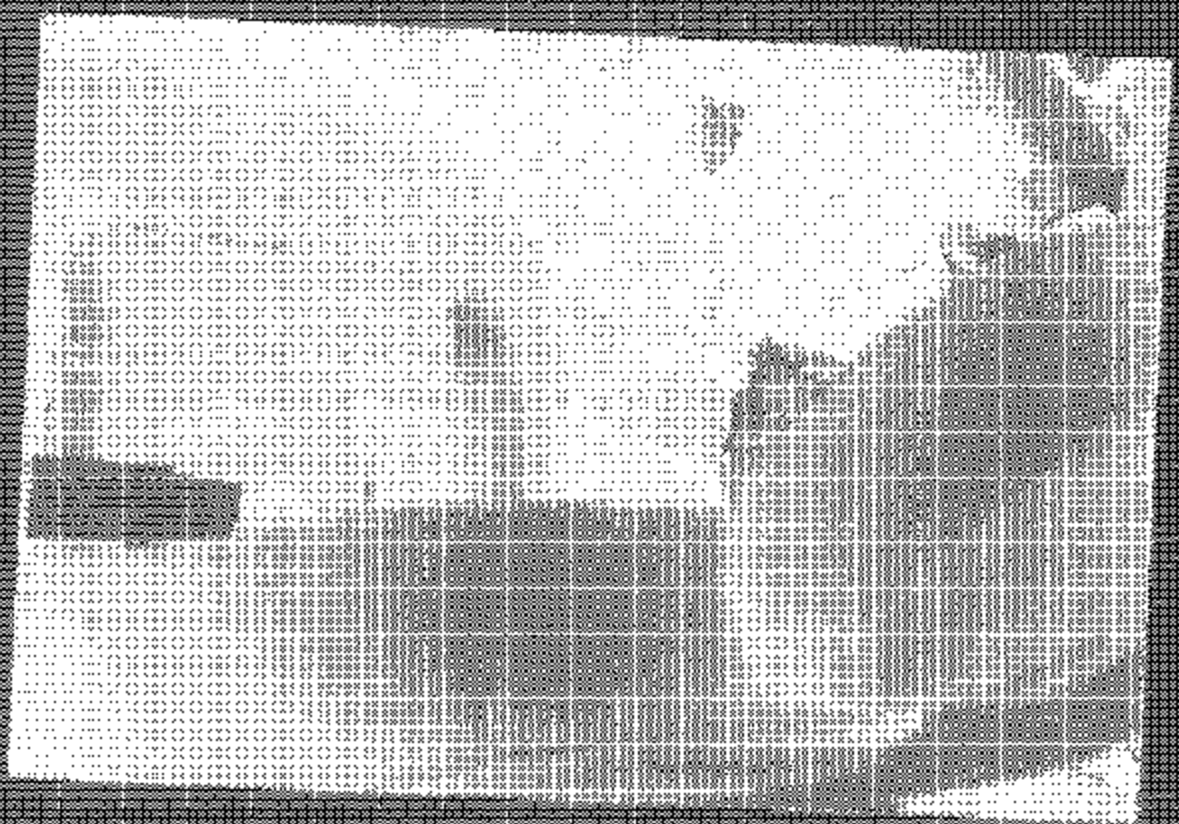
TO	ID		
[redacted]	0010	1	116

[redacted] REVIEWING OFFICER 2 SIGNATURE DSN / BADGE NO.









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).