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 1374

Date Received: 2000 OCT -4 [illegible] 57

Repository ☐

Reference No. 10015073

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: CORTEZ | State: CO | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an [redacted] provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4 WB52K4Y [redacted]	BUICK	REGAL	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
9-25-2000			Gas

Original Owner	Dealer's City	State	Zip Code
☐	Cortez	CO.	81321

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control		141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-17-10			

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	ONE		# 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).

THE VEHICLE WAS INVOLVED IN A FRONTAL COLLISION, AND THE AIR BAGS FAILED TO DEPLOY. *JB

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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPLEMENTAL REPORT ☐ UNDER $1,000 ACCIDENT

DR 447 (REV 10/97)

MAIL TO: State of Colorado, Motor Vehicle Division, Traffic Records, Denver, CO 80261-0018

ID# 316000049

SHEET 1 OF 2

Lola Lee, Apt. C, 116 N Elm, Cortez, CO 81321-2002

COURT CODE	AGENCY CODE	ORI CODE
	RN032 MP M23	

DATE OF ACCIDENT	CITY	AGENCY	COUNTY
10-17-00		Colorado State Patrol	32 Montezuma

TIME	OFFICER NUMBER	OFFICER NAME	SIGNATURE	DETAIL
1055	8917	David A. VanBibber	D VanBibber	5/A

NUMBER KILLED	NUMBER INJURED	LOCATION ROUTE, STREET, ROAD
0	0	.5 MILES ____ FEET ☐N ☒E ☐S ☐W OF: CR L AT: CR 25

DATE OF REPORT	LATITUDE	LONGITUDE
10-17-00		

INVESTIGATED @ SCENE	TOTAL VEHICLES	DISTRICT NUMBER	PUBLIC PROPERTY DAMAGE	PHOTOS TAKEN	RAILROAD CROSSING	CONST. ZONE	ON BRIDGE	INCOMPLETE REPORT
X	2	5/A				X		

New 4/01 ess

VEH # 1

BICYCLE ___ PEDESTRIAN # ___ PARKED ___

LAST NAME	FIRST	MI
[redacted]	[redacted]	

STREET ADDRESS	RES. PHONE
[redacted]	[redacted]

CITY	STATE	ZIP	BUS. PHONE
CORTEZ	CO	[redacted]	NONE

DRIVERS LIC. NUMBER	STATE	SEX	DOB
[redacted]	CO	M	[redacted]

PRIMARY VIOLATION

VIOLATION CODE	CITATION NUMBER	COMMON CODE

YEAR	MAKE	MODEL	BODY TYPE
1988	Toy	EFI	PK

LIC PLATE NO.	STATE	COLOR
14532XL	CO	Red

VEHICLE ID NO. JT4RN55R7J[redacted]

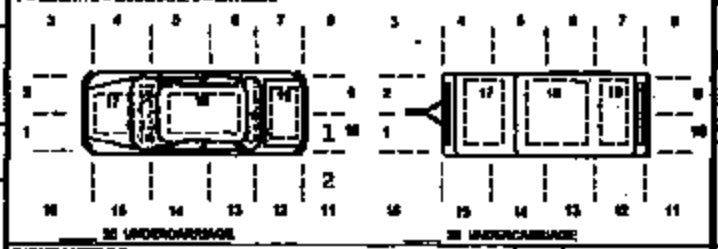
VEHICLE OWNER LAST NAME [redacted] FIRST [redacted] MI

ADDRESS [redacted] CITY CORTEZ STATE CO ZIP [redacted]

TOWED DUE TO DAMAGE ☐ TO:

BY:

1 = SLIGHT; 2 = MODERATE; 3 = EXTREME



2D UNDERCARRIAGE

INSURANCE CO.	EXP. DATE
State Farm	11-03-00

POLICY NO. [redacted]

OWNER DAMAGED PROP. LAST NAME ___ FIRST ___ MI ___

ADDRESS ___ CITY ___ STATE ___ ZIP ___

VEH # 2

BICYCLE ___ PEDESTRIAN # ___ PARKED ___

LAST NAME	FIRST	MI
[redacted]	[redacted]	

STREET ADDRESS	RES. PHONE
[redacted]	[redacted]

CITY	STATE	ZIP	BUS. PHONE
Albuquerque	NM	[redacted]	[redacted]

DRIVERS LIC. NUMBER	STATE	SEX	DOB
[redacted]	NM	F	[redacted]

PRIMARY VIOLATION

VIOLATION CODE	CITATION NUMBER	COMMON CODE

YEAR	MAKE	MODEL	BODY TYPE
2000	Buick	Regal	4Dr

LIC PLATE NO.	STATE	COLOR
CRL005	NM	Gold

VEHICLE ID NO. 2G4WB52K4Y1[redacted]

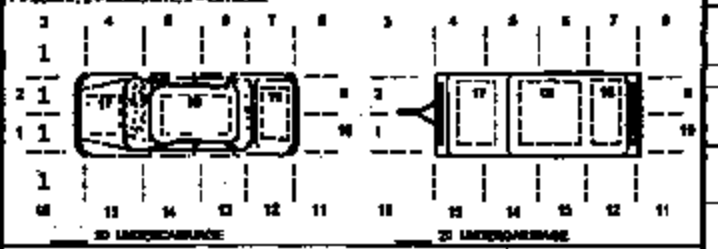
VEHICLE OWNER LAST NAME [redacted] FIRST [redacted] MI

ADDRESS [redacted] CITY Albuquerque STATE NM ZIP [redacted]

TOWED DUE TO DAMAGE ☐ TO:

BY:

1 = SLIGHT; 2 = MODERATE; 3 = EXTREME



2D UNDERCARRIAGE

INSURANCE CO.	EXP. DATE
State Farm	02-17-01

POLICY NO. DOB [redacted]

OWNER DAMAGED PROP. LAST NAME ___ MI ___

ADDRESS ___ CITY ___ STATE ___ ZIP ___

VEH #	POS.	RESTR.	EJECT.	MC PROT.	INJ. SEV.	AGE	SEX	NAME	ADDRESS
1	1	1	2		1	80	M	[redacted]	CORTEZ CO [redacted]
2	1	1	2		1		F	[redacted]	Albuquerq

DESCRIBE ACCIDENT

Vehicle #1 was westbound on CR L. Vehicle #2 was westbound on CR L. Vehicle #1 drove on top of a pile of road tar in the westbound lane and stopped when it became high centered. Vehicle #2 drove on top of the same pile of road tar and collided its front with vehcle #1's rear when it became high centered and could not stop. Both vehicles came to rest at the point of impact. No airbags deployed as a result of the collision.

ACCIDENT DRAWING