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 100147

Date Received	Repository ☐
2003 MAY 27 AM 9:19 (21-APR-2003)	Reference No. 10017237

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City HUNTINGTON BEACH	State CA	Zip Code [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 [redacted] Date 05/05/03

VEHICLE INFORMATION

[redacted]	Make: CHEVROLET	Model: MALIBU LS Gold Edition	Model Year: 1999

Date Purchased: 09-04-99	Dealer's Name and Telephone Number: Showcase Chevrolet (714)903-3100			Engine: 3100 SFI No: Cylinders V6	Fuel Type:
Original Owner ☒	Dealer's City: Westminster	State: CA	Zip Code: 92683		

Transmission Type: 4-SPD. automatic with Overdrive	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Vehicle Component Code: 141000 AIR BAGS:FRONTAL
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
13-MAR-2003	59,528	approx. 10-15	Front air bags

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: DOTMALSABC036)	☐ 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: 1	Number of Deaths: 0	Reported to Police: 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).

THE VEHICLE WAS INVOLVED IN A HEAD ON COLLISION YET NONE OF THE AIR BAGS DEPLOYED. THE DEALER WAS NOTIFIED. *NLM
Stopped at a red light on N. Flower in Santa Ana. The light turned green I look to my left then to my right pressed on the gas pedal proceeded into the intersection I went about halfway & the intersection A car traveling E. On Dyer Rd. ran the red light & hit my car.

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

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

S

1	City: Santa Ana	Judicial District: Central
0	County: Orange	Reporting District: SOC — Beat: 4
Local Report Number	03-11613	

LOCATION

FLOWER AVENUE	03/13/2003	1043	3019	[redacted]
Thursday				
At intersection with: DYER				

PARTY 1

Driver's License Number	NONE
State / Class / Safety Equip.	CA / C / G
Name	[redacted]
Street Address	[redacted]
City/State/Zip	RANCHO SANTA MARGA, CA [redacted]
Sex / Hair / Eyes / Height / Weight	M / BLK / BRO / 5'02" / 140
Birthdate	[redacted]
Home Phone	[redacted]
Insurance Carrier	NO PROOF
Dir. of Travel / On Street or Highway / Speed Limit	E / DYER / 40

Veh. Yr. / Make/Model/Color	1999 NISSAN 200SX RED
License Number / State	[redacted] CA
Owner's Name	[redacted]
Owner's Address	[redacted] SANTA ANA, CA [redacted]
Disposition of Vehicle	J&R Tow-30 days
Vehicle Damage	MAJOR

PARTY 2

Driver's License Number	[redacted]
State / Class / Safety Equip.	CA / C / G
Name	[redacted]
Street Address	[redacted]
City/State/Zip	[redacted] CA [redacted]
Sex / Hair / Eyes / Height / Weight	F / BLK / BRO / 4'11" / 140
Birthdate	[redacted]
Home Phone / Business Phone	[redacted] / [redacted]
Insurance Carrier	21ST CENTURY
Policy Number	[redacted]
Dir. of Travel / On Street or Highway / Speed Limit	N / FLOWER AVENUE / 40

Veh. Yr. / Make/Model/Color	1999 CHEVROLET MALIBU BLUE
License Number / State	[redacted] CA
Owner's Name	Same as driver
Owner's Address	Same as driver
Disposition of Vehicle	A&F TOW
Vehicle Damage	MAJOR

PARTY 3 (blank)

Preparer's Name: [redacted]

Reviewer's Name: [redacted] — Date: MAR 18 2003

2865

1-CHP. 1-Transp 1-Traffic 2853

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

DATE OF INCIDENT (MO. DAY YEAR)	TIME	BEAT	OFFICER I.D.	NUMBER
03/13/2003	1849	3019	[redacted]	03-11613

PROPERTY DAMAGE — OWNER'S NAME | OWNER'S ADDRESS | NOTIFIED: YES / NO
DESCRIPTION OF DAMAGE

SEATING POSITION	OCCUPANTS	SAFETY EQUIPMENT	M/C BICYCLE - HELMET	EJECTED FROM VEHICLE
1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA. WAGON REAR 8 - REL. OCC. TRK OR VAN 9 - POSITION UNKNOWN 0 - OTHER	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	DRIVER V - NO W - YES PASSENGER X - NO Y - YES	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: 21453 A (Cited: Yes)
	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
	D SNOWING
	E FOG / VISIBILITY ___ FT.
	F OTHER*
	G WIND

LIGHTING

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

ROADWAY SURFACE

●	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 ROADWAY*
	C OBSTRUCTION ON ROADWAY*
	D CONSTRUCTION - REPAIR ZONE
	E REDUCED ROADWAY WIDTH
	F FLOODED*
	G OTHER*
●	H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

	1	2	3
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
	F OVERTURNED
	G VEHICLE/PEDESTRIAN
	H OTHER*

MOTOR VEHICLE INVOLVED WITH

	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

●	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
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			
B VC SECTION VIOLATION: Cited			
C VC SECTION VIOLATION: Cited			
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			
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*			

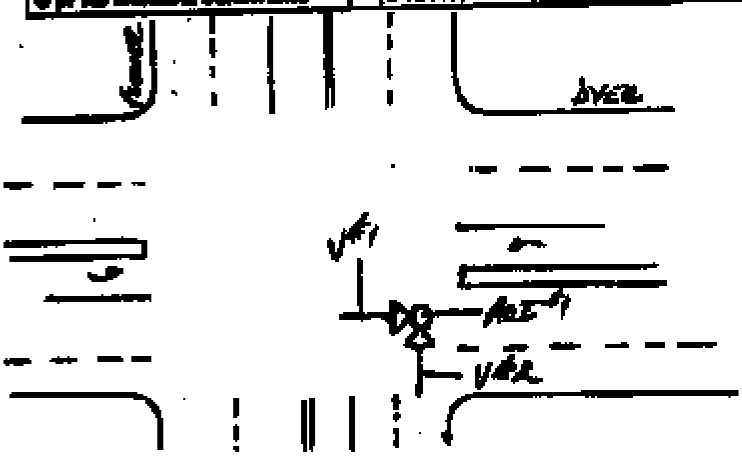
SOBRIETY - DRUG - PHYSICAL (MARK 1 TO 2 ITEMS)

	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
	B CELL PHONE IN USE
	C CELL PHONE NOT IN USE
	D CELL PHONE USE UNKNOWN

SKETCH



A. & I. USE ONLY: ☐ OIS ☐ UE ☐ DA | ID #L20 ☐ LATE RPT ☐ PENDING ☐ REF | ☐ UFA ☐ AIR ☐ SAE

MAR 18 2003

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

DATE OF COLLISION	TIME	NCIC #	OFFICER I.D.	NUMBER
03/13/2003	1843	3019	[redacted]	03-11013

		AGE	SEX													
☐ #	☐	33	F	☐	☐	☐	☒	☒	☐	☐	☐	☐	2	1	G	0

NAME / ADDRESS: [redacted] HUNTINGTON BEACH, CA [redacted] USA [redacted]

TELEPHONE

INJURED ONLY / TRANSPORTED BY: REFUSED PARAMEDICS

TAKEN TO:

DESCRIBE INJURIES: COMPLAINED OF PAIN TO HER LEFT SIDE AND STIFFNESS TO THE BACK OF HER NECK

☐ VICTIM OF VIOLENT CRIME NOTIFIED

		AGE	SEX													
☒ # 1	☐	41	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / ADDRESS: [redacted] SANTA ANA, CA [redacted] USA [redacted]

TELEPHONE

INJURED ONLY / TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

		AGE	SEX													
☒ # 2	☐	41	M	☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / ADDRESS: [redacted] SANTA ANA, CA [redacted] USA [redacted]

TELEPHONE

INJURED ONLY / TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / ADDRESS:

TELEPHONE

INJURED ONLY / TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / ADDRESS:

TELEPHONE

INJURED ONLY / TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐				

NAME / ADDRESS:

TELEPHONE

INJURED ONLY / TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME: [redacted] I.D. NUMBER: [redacted] MO. DAY YEAR: 03/13/2003 REVIEWER'S NAME: [redacted]

APR 18 2003

4/5

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 555 (Rev 7-93) OPI 062

Date of Incident/Occurrence	Time(2400)	NCIC NUMBER	OFFICER ID #	NUMBER
	1043	3018	[redacted]	03-10013

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)			
X Narrative	X Collision Report	5A Update	Fatal	Hit and run update
Investigator	Other:	Hazardous materials	School bus	Other:

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT	CITATION NUMBER
Santa Ana / Orange / Central	SOC / 4	

LOCATION/STREET	STATE HIGHWAY RELATED		
FLOWER AVENUE / DYER		Yes	X No

Facts:

Notification:
On Thursday, 03-13-03, at approximately 1050 hours, I was dispatched to the area of Dyer and Flower with regards to an injury traffic collision.

Scene:
Dyer is a four lane, two way, East/West, asphalt paved road with a left turn lane for traffic turning onto Flower. Flower is a four lane, two way, North/South, asphalt paved road with a left turn lane for both directions of travel turning onto Dyer. The intersection of Flower and Dyer is controlled by a traffic signal.

Parties:
Driver #1 [redacted] and Driver #2 [redacted] were both located at the scene of the collision and each stated they were driving their respective vehicles at the time of the collision. D#1 had no CDL and D#2 was identified by her CDL.

Injuries:
Driver #2 [redacted] complained of pain to her left side and stiffness to the back of her neck, but refused paramedics.

Statements:
Driver #1 [redacted] was a deaf mute and I was only able to communicate with him by writing down my questions in English and/or Spanish and he would respond by circling my answer or nodding and pointing. [redacted] stated he was e/b in the #1 lane of Dyer at approximately 20 MPH, entered the intersection at Flower on a green light and was struck by V#2.

Driver #2 [redacted] stated she was n/b in the #2 lane of Flower, entered the intersection on a green light and was struck by V#1.

Witness #1 [redacted] and Witness #2 [redacted] were both in a vehicle that was [redacted] on Flower in the left turn pocket at Dyer. W#1 and W#2 both stated that the signal for their direction of travel was green and they had moved into the middle portion of the intersection and were waiting for V#2 to pass them n/b on Flower before they completed their left turn. As V#2 entered the intersection, she was struck by V#1 that was e/b on Dyer.

Summary:
Based on the statements and the damage to the vehicles, V#2 was n/b on Flower in the #2 lane of traffic and entered the intersection at Dyer on a green light. V#1 was e/b on Dyer in the #1 lane of traffic, entered the intersection at Flower on a red light and struck V#2.

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	
[redacted]	03/13/2003	[redacted]	APR 16 2003

5/5

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP [illegible] (Rev 7-[illegible]) OPI 042

Date of Incident/Occurrence [illegible]		Time(2400) 1043		NCIC NUMBER [illegible]		OFFICER ID # [redacted]		NUMBER [illegible]	
"X" ONE		"X" ONE		TYPE SUPPLEMENTAL ("X" APPLICABLE)					
X	Narrative	X	Collision Report		SA Update		Fatal		Hit and run update
	Supplemental		Other:		Hazardous materials		School bus		Other:
CITY/COUNTY/JUDICIAL DISTRICT Santa Ana / Orange / Central						REPORTING DIST/BEAT [illegible] / 4		CITATION NUMBER	
LOCATION/SUBJECT FLOWER AVENUE / DYER								STATE HIGHWAY RELATED: Yes / X No	

Area(s) of Impact:
AOI #1.: 20 ft N of SCL Dyer
7 ft W of ECL Flower
All speeds and measurements are approximate. All measurements were paced.

Cause:
Driver #1 [redacted] caused the collision by failing to stop for a red light (CVC 21453a), and while doing so, struck V#2. [redacted] was cited for violation of CVC 21453a (Red Light), CVC 12500a (Unlicensed Driver) and CVC 16028c (No Insurance); Citation #A30111.

Recommendations:
I recommend no further action be taken by Collision Investigations.

PREPARER'S NAME AND I.D. NUMBER [redacted]	DATE [illegible]	REVIEWER'S NAME	[redacted]	DATE [illegible] 1 6 2003