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 231

Date Received	Repository
13-MAY-2003	Reference No. 10019698

2003 JUN 26 PM 1:06

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]		
City: MORGANTON	State: GA	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 6/15/03

VEHICLE INFORMATION

[redacted]	Make: DODGE	Model: RAM 1500 4DR QUAD CAB	Model Year: 1998

Date Purchased: 08/08/98	Dealer's Name and Telephone Number: COMMERCE CHRYSLER, PLYMOUTH, DODGE, JEEP EAGLE			Engine: No. Cylinders: 8	Fuel Type: GAS
Original Owner: ☒	Dealer's City: COMMERCE, GA.	State: GA.	Zip Code: 30529		

Transmission Type: AUTOMATIC	☒ 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	
04/28/03	103,000	40	AIR BAGS DID NOT 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: DOTNALGABC036)	☐ 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	2	0	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).

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

I WAS HEADING EAST ON HI-WAY 76 AND A VEHICLE CAME FROM A PARKING LOT INTO THE ROADWAY IN THE PATHWAY OF MY VEHICLE. THE FRONT OF MY VEHICLE STRUCK THE CENTER OF THE OTHER VEHICLE ON THE LEFT OR DRIVERS SIDE. BOTH VEHICLE'S TOTAL LOSS. I NEVER HAD TO HAVE ANY REPAIR ON THE AIR BAGS. I WAS TAKEN TO CHATUGE REGIONAL HOSPITAL IN HIAWASSEE, GA. THE DRIVER OF THE OTHER VEHICLE WAS AIR LIFTED BY EMORY LIFEFLIGHT TO ATLANTA, GA. HOSPITAL.

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

① POSTED SPEED LIMIT IS 45 MPH NOT 35 MPH
② MY VEHICLE WAS A 1999 DODGE RAM NOT 89

1/2 ERROR ON THE POLICE REPORT.

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Accident Number: 0304093 | Agency NCIC No.: GA1280100 | County: [illegible] | Date Rec. By DPS:

Date: 042303 | Day Of Week: Sun ☐ M ☒ T ☐ W ☐ Th ☐ F ☐ S ☐ | Time: 1129 | Off. Arrived: 1130 | Total Number Of: Vehicles 2, Injured 2, Fatalities 0 | Inside City Of: [illegible]

Road of Occurrence: [illegible] / [illegible] 76 — 1 ☐ Interstate 2 ☒ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.
At Its Intersection With — 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

Not At Its Intersection But 2/10 ☒ Miles ☐ Feet — 1 ☐ North 2 ☐ South 3 ☒ East 4 ☐ West — Of: Ross [illegible] Rd — 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☒ City St. 5 ☐ Co. Line

And Continuing in the Direction Checked Above The Next Reference Point Is: Brenley Drive — 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☒ City St. 5 ☐ Co. Line

Corrected Report Yes ☐ | Suppl. To Original Yes ☐

	Driver 1	Driver 2
Driver # / Name / Address	1 — [redacted]	2 — [redacted]
Ped ☐	[redacted]	[redacted]
City / State / Zip / DOB	Young Harris, GA [redacted]	[illegible], GA [redacted]
Driver's License No. / Class / State / Sex	[redacted] C GA ☒ Male ☐ Female	[redacted] C GA ☒ Male ☐ Female
Posted Speed / Insurance Co. / Policy No.	35 / State Farm / [redacted]	35 / State Farm / [redacted]
Year / Make / Model / Telephone No.	1989 Chevrolet Malibu	89 Dodge P/U — 706-379-6205
VIN / Vehicle Color	1G1... [redacted] / Silver/Gray	1B7... [redacted] / Red
Tag # / State / County / Year	[redacted] GA Towns 04	[redacted] GA [illegible] 03
Trailer Tag # / State / County / Year		
☒ Same as Driver — Owner's Last Name / First / Middle		
Address		
City / State / Zip		
Removed By	[illegible] ☐ Request ☒ List	[illegible] ☐ Request ☒ List
Alcohol Test / Type / Results	2 N/A —	2 N/A N/A
Drug Test / Type	2 N/A	2 N/A
Driver Condition	1	1
Direction of Travel	4	3
Vision Obscured	1	1
Vehicle Condition	1	1
Vehicle Maneuver	11	5
Pedestrian Maneuver	N/A	
Contributing Factors	4, 26, 12	26
Most Harmful Event	11	11
Vehicle Class	1	1
Vehicle Type	1	1
Traffic Control	7	7
Device Inoperative?	☐ Yes ☒ No	☐ Yes ☒ No

Injured Taken To: Chatuge Regional | By: Towns Co. EMS | Photos Taken: ☐ Yes ☒ No | By:

EMS Notified Time: 1130 | EMS Arrival Time: 1325 | Hospital Arrival Time: 1350

Report By: [illegible] | Department: [illegible] PD | Report Date: 042303 | Checked By: | Date Checked:

Witness(es) Name: [illegible] | Address: 736 [illegible] | City: [illegible] | State: GA | Zip Code: 30546 | Telephone No.: [illegible]

DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name Vehicle #	Carrier Name Vehicle #
Address	Address
City / State / Zip	City / State / Zip
Number of Axles / G.V.W.R. / Fed. Reportable 1 ☐ Yes 2 ☐ No / Cargo Body Type	Number of Axles / G.V.W.R. / Fed. Reportable 1 ☐ Yes 2 ☐ No / Cargo Body Type
Vehicle Config. / I.C.C.M.C. # / U.S. D.O.T. # / Interstate ☐ Intrastate ☐	Vehicle Config. / I.C.C.M.C. # / U.S. D.O.T. # / Interstate ☐ Intrastate ☐
C.D.L.? 1 ☐ Yes 2 ☐ No / C.D.L. Suspended? 1 ☐ Yes 2 ☐ No	C.D.L.? 1 ☐ Yes 2 ☐ No / C.D.L. Suspended? 1 ☐ Yes 2 ☐ No
Vehicle Placarded? 1 ☐ Yes 2 ☐ No / Hazardous Materials Released? 1 ☐ Yes 2 ☐ No	Vehicle Placarded? 1 ☐ Yes 2 ☐ No / Hazardous Materials Released? 1 ☐ Yes 2 ☐ No
If YES, Name or 4 Digit Number from Diamond or Box: / 1 Digit Number from Bottom of Diamond:	If YES, Name or 4 Digit Number from Diamond or Box: / 1 Digit Number from Bottom of Diamond:
— Ran Off Road — Down Hill Runaway — Cargo Loss Or Shift — Separation of Units	— Ran Off Road — Down Hill Runaway — Cargo Loss Or Shift — Separation of Units

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

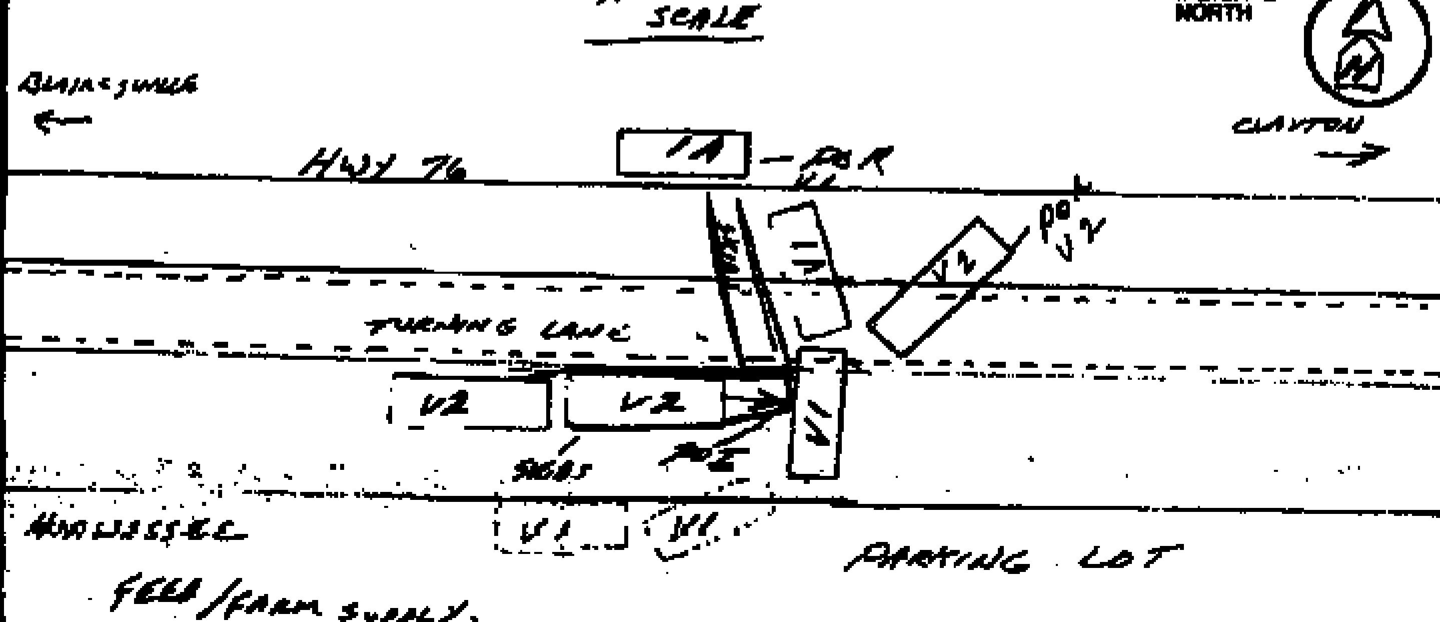
FROM : PHONE NO. : Apr. 30 2003 08:04AM P1

REMARKS PAGE 2 OF 2

Driver vehicle #1: had apparently pulled into [illegible] lane to make a U-turn when he did not see any vehicles approaching. He proceeded to pull out not seeing vehicle #2 which was unable to stop hitting vehicle #1 in driver side door. Driver vehicle #1 had to be extricated by rescue personnel and was then air lifted by Emory Life Flight. Driver #2 was taken to [illegible] hospital and checked where he was treated and released.

INDICATE ON THIS DIAGRAM WHAT HAPPENED NOT TO SCALE

INDICATE NORTH



Accident Investigation Site?	CITATIONS - VEHICLE # 1	CITATIONS - VEHICLE # 2
☐ Yes ☒ No Site Number	NONE	NONE

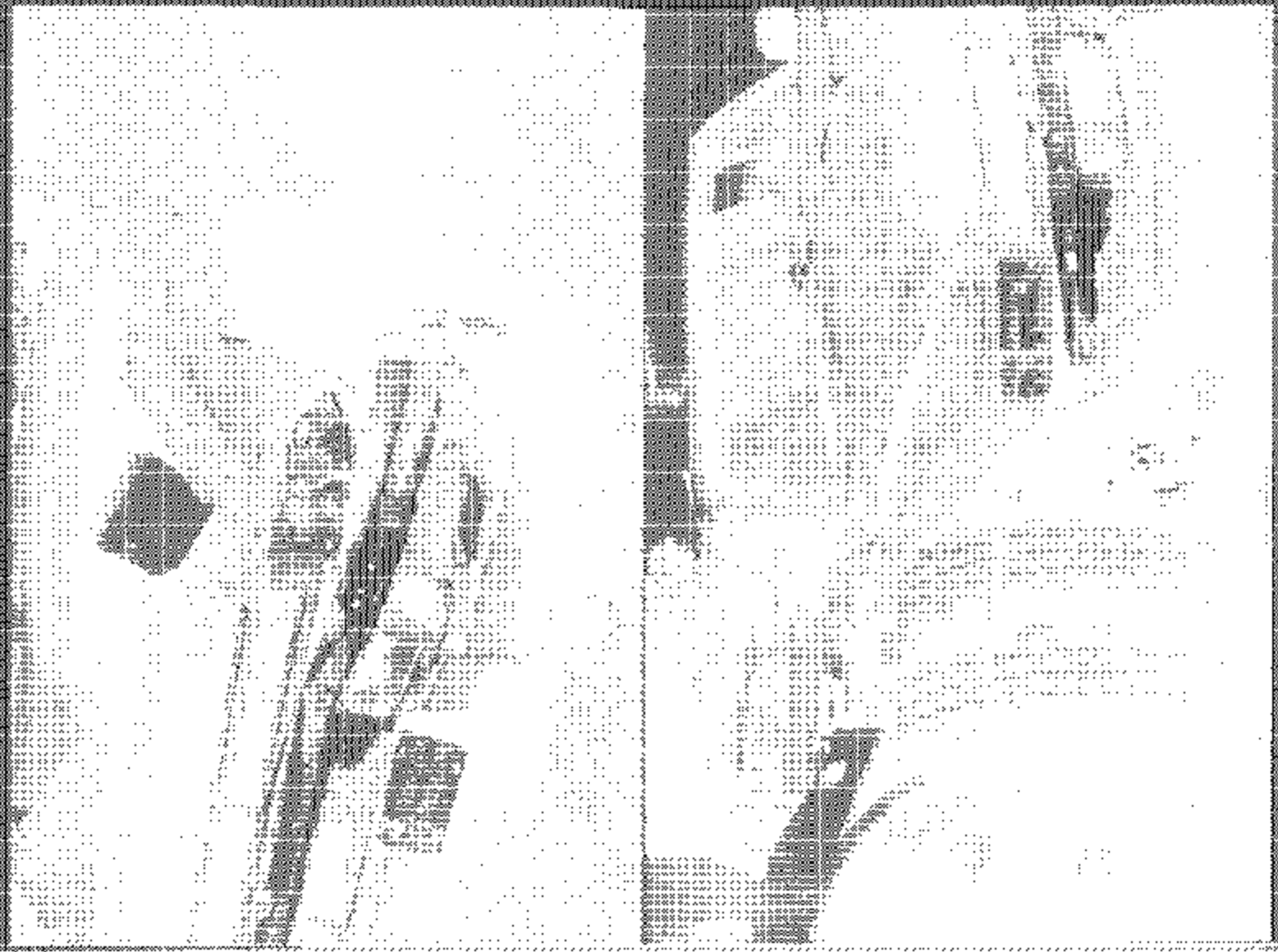
First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character
11	2	1	1	1	1	1	2	1	2

	VEH. # 1	VEH. # 2
Number of Occupants	1	1
Point Of Initial Contact	9 10	12
Damage To Vehicles	4	3

SKID DISTANCE BEFORE IMPACT: 0' VEH. 1; 68' VEH. 2 — AFTER: 20' VEH. 1; 10' VEH. 2 — Width Of Road: ______

Damage Other Than Vehicles: NONE — Owner:

Occupants		Age	Sex	Veh. No.	Pos.	Injury	Taken For Treat.	Eject	Safety Equip.	Extric.	Air Bag
	Driver # 1 Or Pedestrian #	[redacted]				2	1	1	3	1	1
	Driver # 2 Or Pedestrian #					7	1	1	3	2	2
Last Name First Address City State Zip											



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).