



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 1367

Date Received

Repository

JUL 11 AM 9:47
15-MAY-2003

Reference No.
10019930

OWNER INFORMATION (Type or Print)

Name

Address

City

KOKOMO

State IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of a signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 6/25/03 YES NO

VEHICLE INFORMATION

Make

VOLKSWAGEN

Model

BEETLE

Model Year

2001

Date Purchased

11/29/2000

Dealer's Name and Telephone Number

Greata + Brown Automotive Group

Engine:

No. Cylinders

4

Fuel Type:

GAS

Original Owner

Dealer's City

Muncie

State

IN

Zip Code

47303

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

4/23/03

Failure Mileage

~~14000~~
12,000

Failure Speed

45

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: DOTM15ABC036)

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

Reported to Police

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 IN A SIDE COLLISION AND WAS IMPACTED AT 45 MPH. NONE OF THE AIR BAGS DEPLOYED UPON IMPACT. *NLM

See back side for more details. Enclosed is the police crash report and a picture of the car. Note that the side impact air bag did not deploy.

The driver-side door and the driver seat is being held at Wilkerson Body + Trim, Kokomo, IN 765-459-4421

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)

My wife [redacted] made a left turn into an intersection. A vehicle collided with the driver side door of her 2001 VW Beetle at approximately a 90 degree angle. The side impact air bag failed to deploy. Because of that failure, she suffered two fractured ribs on her left side (#5 + 6 ribs).

I called VW Customer Care (800-822-8987) on 4/28/03 to document the failure. I was given Reference # 30202261. I called back on 5/5/03 to report the broken ribs not seen on the 4/23/03 Emergency Room X-ray.

VW Representative "Della" said to have the car repaired + then bring to a VW dealer where the "black box" codes would be analyzed to determine if VW was at fault. If VW was at fault because of a failed sensor, VW would "go from there". Car will be taken to Tom Wood VW in Indianapolis on 7/8/03.

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.safercar.gov

Release of Liability

I [REDACTED] do hereby release C. Wilkerson Body & Frame Inc. from any and all liabilities that could possibly arise concerning the airbag system to my 2001 Volkswagen Beetle bearing the VIN. # 3VWCC21C91M [REDACTED] I further understand that the module to the airbag is in operative and must be replaced immediately to avoid further complications to this vehicle. And I acknowledge that C. Wilkerson Body & Frame Inc. and its representatives have explained to me the unsafe implications of driving this vehicle with no airbag system and that they have advised immediate repairs.

Date: 27 th, day of June, 2003

[REDACTED]



Indiana Officer's Standard Crash Report

State Form 3200 (Revised 04/07) Book 302
Mail to: Indiana State Police, Crash Report Section
100 North State Avenue, Indianapolis, IN 46204

Report	<input checked="" type="radio"/> Original	Page	1	of	4
Unit ID 2003-11847/ H100					

Date/Location

Date of Crash Month: 04, Day: 23, Year: 2003 Day of Week: WED Actual Local Time: 5:03 AM County: HOWARD County # 34, Town: HARRISON	Road Crash Occurred On: CR 300 W Intersecting Road/State Interchange: CR 200 S City/Town or Nearest City/Town: KOKOMO	No. Motor Vehicles: 2 No. Injured: 1 No. Dead: 0 No. Traffic: 0
If not an Intersection, Number of Lanes: _____ Direction: _____ Name of Intersecting Road/State Interchange: _____	Distance and Direction from Corporate Limits: Miles North: 3.0, Miles East: _____, Miles South: _____, Miles West: _____	Road Classification: _____ Intersecting Road: _____ County Road Local/City Road (Intersecting): _____

Fill in only one primary cause for the crash.

Fill in up to **two** ovals per vehicle for Driver Contributing Circumstances.

Fill in **one** oval per vehicle for Vehicle and Environment Contributing Circumstances.

Driver Contributing Circumstances	Vehicle and Environment Contributing Circumstances
<input type="radio"/> Alcohol Impairment <input type="radio"/> Road Obstruction <input type="radio"/> Driver Aspects/Action <input type="radio"/> Perception Errors <input type="radio"/> Driver Stress <input type="radio"/> Excessive Speed <input type="radio"/> Failure to Yield/Right of Way <input type="radio"/> Drugged/Altered/Impaired/Impaired <input type="radio"/> Left of Center <input type="radio"/> Improper Passing <input type="radio"/> Improper Turning <input type="radio"/> Improper Lane Usage <input type="radio"/> Following Too Closely <input type="radio"/> Unsafe Driving <input type="radio"/> Overtaking/Changing Lanes <input type="radio"/> Run Off Road Right <input type="radio"/> Run Off Road Left <input type="radio"/> Wrong Way on One Way <input type="radio"/> Pedestrian's Action <input type="radio"/> Passenger Obstruction <input type="radio"/> Violation of License Restrictions <input type="radio"/> Jostling <input type="radio"/> Cell Phone Usage <input type="radio"/> Other (Specify in Narrative) <input type="radio"/> None	<input type="radio"/> Engine Failure or Defective <input type="radio"/> Accelerator Failure or Defective <input type="radio"/> Brake Failure or Defective <input type="radio"/> Tire Failure or Defective <input type="radio"/> The Failure of Defective <input type="radio"/> Handling/Defective or Not On <input type="radio"/> Other Lights Defective <input type="radio"/> Missing Failure <input type="radio"/> Window/Obstruction Defective <input type="radio"/> Overweight/Overload <input type="radio"/> Improper Load <input type="radio"/> Too High Failure <input type="radio"/> Other (Specify in Narrative) <input type="radio"/> None

Fill in only one oval per vehicle per category.

Crash Labels: _____

Crash Sequence: _____

Traffic Controls:

- Other/Creating Guard/Pedestrian
- RR Crossing Advance/Signal
- RR Crossing Flashing Signal
- RR Crossing Sign
- Traffic Control Signal
- Flashing Signal
- Stop Sign
- Yield Sign
- Lane Control
- No Passing Zone
- Other Regulatory Sign/Signage (Specify in Narrative)
- None

Was this crash a result of aggressive driving?
 Yes
 No
 Not Applicable

Driver 1: _____
 Address (Street, City, State, ZIP): _____
KOKOMO, IN _____
 Lic. Type: OP, OOL, Class: N, Sex: _____, Hair: _____, Eyes: _____

Driver 2: _____
 Address (Street, City, State, ZIP): _____
KOKOMO, IN _____
 Lic. Type: OP, OOL, Class: IN, Sex: _____, Hair: _____, Eyes: _____

Fill in only one oval per category.

Hit and Run: Yes, No

Legality: Right, Wrong

Subst. Zone: Yes, No

Vehicle Works: Yes, No

Operator: Yes, No

Operator Type: Lane Change, X-Change, Walk on Shoulder, Involuntarily, Missing Mark

Light Condition: Daylight, Dusk/Dark, Dark (Not Lighted), Unknown

Weather Conditions: Clear, Cloudy, Rain, Snow, Sleet/Hail/Freezing Rain, Fog/Haze/Smog, Smoke/Steam/Wind, Other (Specify in Narrative)

Road Surface: Dry, Wet, Icy, Snow/Ice, Loose Material on Road (Gravel, etc.), Water (Standing or Moving)

Type of Weather: Clear, Cloudy, Rain, Snow

Type of Roadway Junction: No Junction/Intersect, Four-Way Intersect, T-Intersect, Y-Intersect, Traffic Signal/Controlled, Two-Way Lane Interchange, Ramp

Road Structure: Straight, Slight Curve, Weighted, Overhead, Curved, Curved/Overhead, Non-Right-of-Way

Drivers

Fill in only one oval per driver per category.

Restrictions:

- Obstructed/Control Lenses
- Unable to Review Mirror
- Daylight Driving
- Automatic Transmission
- Special Controls
- Employer Only
- Motorists Only
- Full-Time Employment Only
- Employer Vehicle Only
- Authorized State-Owned Vehicle Only
- P.A. Operator Restricted to Red Only
- Power Steering
- Special Restrictions
- Pedestrian
- Pedestrian PFD

Fill in all that apply.

Aggravated Physical Condition: Stopped, Not Seen Driving, Handcuffed, Arrested, Disqualified

Restrictions: None, Other (Specify in Narrative)

2003-11847/H100

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Vehicle 1	Color: RED	Vehicle Year: 2001	Make: VOLK	Model Name: BEETLE
No. Occupants: 1	Lic. Year: 2002	License No.: 34G8088	License State: IN	
No. Axles: 2	Speed Limit: 60	Insured By: WESTERN RES.	Phone No.: UNK	

Vehicle 2	Color: RED	Vehicle Year: 1999	Make: CHEV.	Model Name: TAHOE
No. Occupants: 2	Lic. Year: 2003	License No.: 34A8956	License State: IN	
No. Axles: 2	Speed Limit: 60	Insured By: STATE FARM	Phone No.: 453-6030	

Fill in only one oval for each vehicle category. F

Vehicle Use

Vehicle 1 Vehicle 2

- Passenger (Pass. Company)
- Commercial (Truck, Van, Bus, etc.)
- Rental, not leased
- School
- Police
- Fire
- Ambulance
- Military
- Highway Department
- Other Government (Postal, etc.)
- Public Utility (Bus, Street, etc.)
- Other (Specify in Narrative)

Vehicle Type

- Passenger Car/Station Wagon
- Van
- Special Utility Vehicle
- Truck (Single Unit 2 Axle, 8 Tires)
- Truck (Single Unit 3 or more Axles)
- Water/Tanker (Not used)
- Tractor/Comb. Harrow
- Tractor/Tractor Trailer
- Tractor/Tractor Trailer
- Tractor (Other Use, No Trailer)
- Motor Home/Recreational Vehicle
- Motorcycle
- Sea/Bike 2-16 Persons including driver
- Sea/Bike 16+ Persons including driver
- Special Bus
- Unknown Type (Not Classified)
- Power Vehicle
- Construction Vehicle

Type of Primary/Secondary Roadway at Scene of Crash

One Way Traffic

- One Lane
- Two Lanes
- Multi-Lane (2 or more)

Two Way Traffic

- Two Lanes
- Multi-Lane (Unidirectional or more)
- Multi-Lane (Bidirectional, 2-way left turn)
- Multi-Lane (Divided 2 or more)
- Other (Specify in Narrative)

Direction of Travel

Vehicle 1 Vehicle 2

- North
- South
- East
- West
- Northwest
- Northeast
- Southeast
- Southwest

Fill in only one oval for each vehicle. G

Collision with Fixed Object

- Impact Against/Crush Collision
- Bridge Overhead Structure
- Bridge Pier or Abutment
- Bridge Post/Pier/Abutment
- Bridge Rail
- Overhead Power
- Overhead Sign
- Median Barrier
- Highway Shoulder/Edge Post
- Overhead Sign/Post
- Light/Architectural Support
- Lobby Pole
- Other Post/Post-Top Support
- Weathering/Struct. etc.
- Work Area Obstruction Equipment

Collision with Vehicle/Person

- Non-Plowed Object
- Another Motor Vehicle
- Pedestrian
- Bicycle
- Railway Vehicle/Undercarriage
- Door
- Animal Other Than Dog
- Animal Upon Vehicle

Non-Collision Events

- Crash/Pole
- Fire/Explosion
- Incapacitation
- Intoxication
- Medical
- Control/Equipment (Off or Loss of Function)

Location with Fixed Object

- Impact Against/Crush Collision
- Bridge Overhead Structure
- Bridge Pier or Abutment
- Bridge Post/Pier/Abutment
- Bridge Rail
- Overhead Power
- Overhead Sign
- Median Barrier
- Highway Shoulder/Edge Post
- Overhead Sign/Post
- Light/Architectural Support
- Lobby Pole
- Other Post/Post-Top Support
- Weathering/Struct. etc.
- Work Area Obstruction Equipment

Injured 2 Name (Last, First, MI, Address, etc.)

Age: _____ Sex: _____

_____ Gender: _____

_____ Sex: _____

_____ Height: _____

_____ Weight: _____

_____ Unknown: _____

Injured 1 Name (Last, First, MI, Address, etc.)

Age: _____ Sex: _____

_____ Gender: _____

_____ Sex: _____

_____ Height: _____

_____ Weight: _____

_____ Unknown: _____

Injured 3 Name (Last, First, MI, Address, etc.)

Age: _____ Sex: _____

_____ Gender: _____

_____ Sex: _____

_____ Height: _____

_____ Weight: _____

_____ Unknown: _____

Fill in only one oval for each driver/injured category. H

Vehicle 1 Vehicle 2

Position in or on Vehicle

Injured 1

Injured 2

Injured 3

Safety Equipment Used

- No Restraint
- Lap Belt Only
- None
- Child Restraint
- Helmet
- Airbag (No Restraint)
- Airbag + Restraint
- Unknown
- Other (Specify in Narrative)

Safety Equipment Effective

- Yes
- No
- Not Applicable

Medical/Trauma

- Not Checked or Trauma
- Partially Checked
- Checked
- Wrapped in
- Placed Under
- Unknown

Driver's Injury Status

Driver 1 Driver 2 Driver 3 Driver 4 Driver 5

- Fatal Injury
- Spinal Injury
- Incapacitating
- Non-Incapacitating
- Possible
- Not Reported
- Unknown

Nature of Most Severe Injury

- Severe
- Internal
- Minor Skin
- Severe Skin
- Abdomen
- Minor Bleeding
- Severe Bleeding (Amput.)
- Fracture/Dislocation
- Contusion/Scrub
- Complete or Fair
- Minor Visible
- Other (Specify in Narrative)

Location of Most Severe Injury

- Head
- Neck
- Chest
- Upper Arm
- Lower Arm
- Hand/Wrist
- Forearm
- Upper Leg
- Lower Leg
- Foot/Ankle
- Other

ESS No.

Driver 1: _____

Driver 2: _____

Injured 1: _____

Injured 2: _____

Injured 3: _____

Vehicles

Injured

Label ID
2003-11847/H100

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Trailer

Commercial Vehicle

Damage

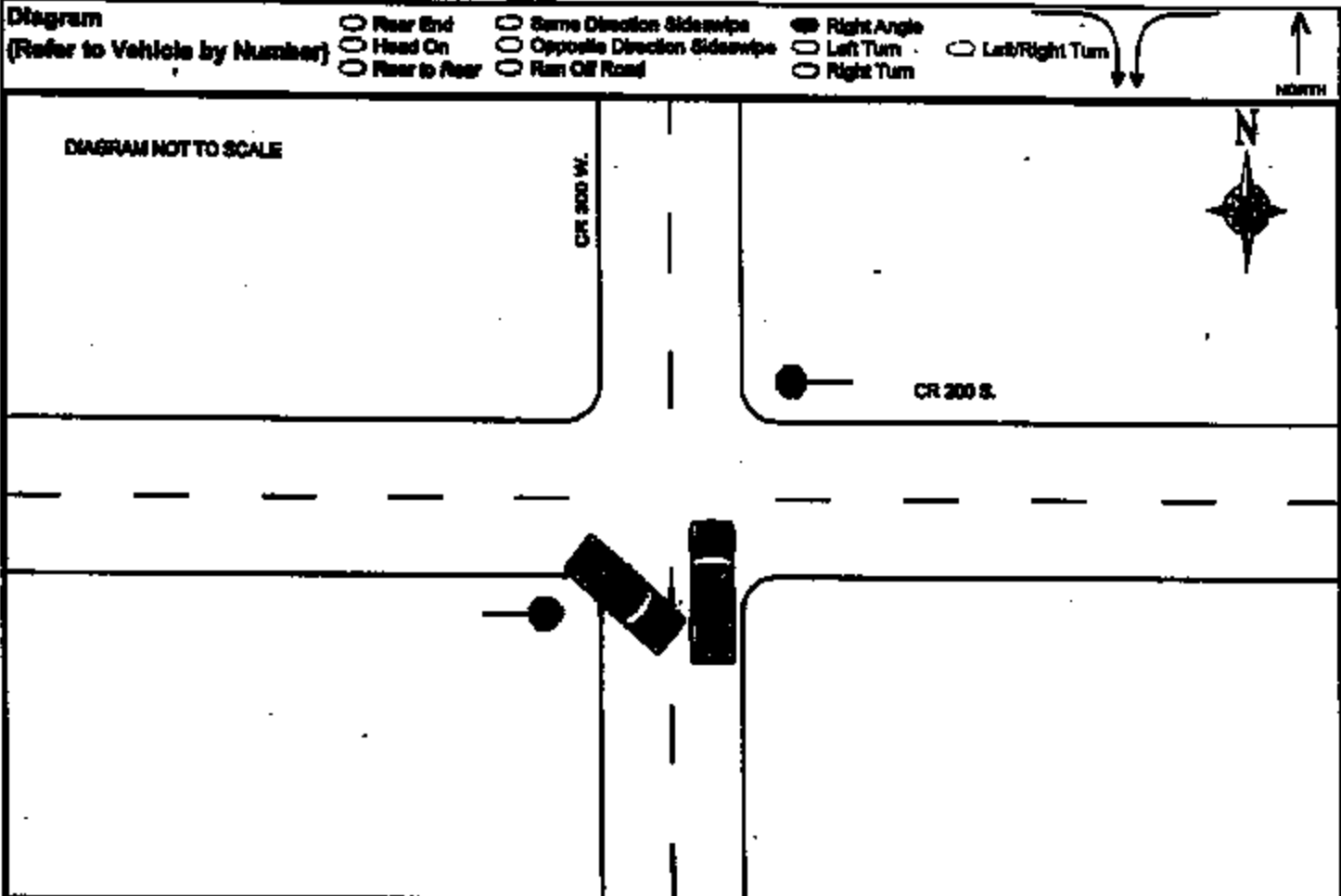
Tests

Non-Motorists

Tr 1 Lic. State Lic. Year Registered Owner's Name (Last, First, MI) License No. Address (Street, City, State, Zip) Year Make		Tr 2 Lic. State Lic. Year Registered Owner's Name (Last, First, MI) License No. Address (Street, City, State, Zip) Year Make	
Vehicle 1 Commercial Vehicle Owner's Name and Address HAZMAT Proper Shipping Name		US DOT No. FCC No. State DOT No. Vehicle Identification No. HAZMAT Release of Cargo Yes No HAZMAT Placed Yes No HAZMAT 4-Digit ID No. Hazard Class No. Gross Vehicle Weight Rating Less than 10,000 10,000 - 26,000 26,000 or more Cargo Body Type Crank, Crib, Over, Cool Ventilation Fan Cargo Tank Placed Outboard/Inboard Company Other Fully Transport Dump Pole Other (Specify in Remarks)	
Vehicle 2 Commercial Vehicle Owner's Name and Address HAZMAT Proper Shipping Name		US DOT No. FCC No. State DOT No. Vehicle Identification No. HAZMAT Release of Cargo Yes No HAZMAT Placed Yes No HAZMAT 4-Digit ID No. Hazard Class No. Gross Vehicle Weight Rating Less than 10,000 10,000 - 26,000 26,000 or more Cargo Body Type Crank, Crib, Over, Cool Ventilation Fan Cargo Tank Placed Outboard/Inboard Company Other Fully Transport Dump Pole Other (Specify in Remarks)	
Total Estimate of Damage Under \$750 \$750-\$2500 \$2500-\$5000 \$5000-\$10000 \$10000-\$25000 \$25000-\$50000 \$50000-\$100000 Over \$100000		Areas Damaged (Multiple) Vehicle 1 Vehicle 2 Undercarriage Trailer None Undercarriage Trailer None Other Damaged (Multiple) Initial Impact Area Remarks	
Other Property Damage (Include Cargo)			
Name of Object Status Property Owner's Name and Address		Name of Object Status Property Owner's Name and Address	
Test Status Fuel System Type Status Brake Light Horn Other (Specify in Remarks)		Alcohol Results Drug Results Non-Motorist Apparent Physical Condition Roadblocker Status Moving Stopping Working Getting in or out of vehicle Getting off or on-board bus Other (Specify in Remarks)	
Name of Person Charged Name of Person Charged Clear Participation Name (Last, First, MI, Address, etc.)		IC Code IC Code Witness No. 1 Name (Last, First, MI, Address, etc.) Witness No. 2 Name (Last, First, MI, Address, etc.)	
Location of Time of Crash		Location of Time of Crash Witness No. 3 Name (Last, First, MI, Address, etc.)	

KOKOMO, IN
 Location of Time of Crash SR 69 CR 300 W.
 APPROXIMATE CR 300 E.
 Witness No. 3 Name (Last, First, MI, Address, etc.)

Case ID
2003-11847/ H100



Narrative

DR 1 ADVISED SHE WAS WESTBOUND ON CR 200 S. SHE ADVISED THAT SHE STOPPED AT THE STOP SIGN, AND OBSERVED V2 APPROACHING. SHE STATED THAT SHE THOUGHT SHE HAD ENOUGH TIME TO PULL OUT ONTO CR 300 W TO GO SOUTH. SHE STATED THAT WHEN SHE PULLED OUT, V2 STRUCK HER CAR. DR 2 ADVISED HE WAS NORTH BOUND ON CR 300 W. HE ADVISED THAT HE OBSERVED V1 STOPPED AT THE INTERSECTION. HE STATED THAT AS HE GOT CLOSER, V1 PULLED OUT INTO HIS LANE OF TRAVEL, CAUSING HIS VEHICLE TO STRIKE V1.

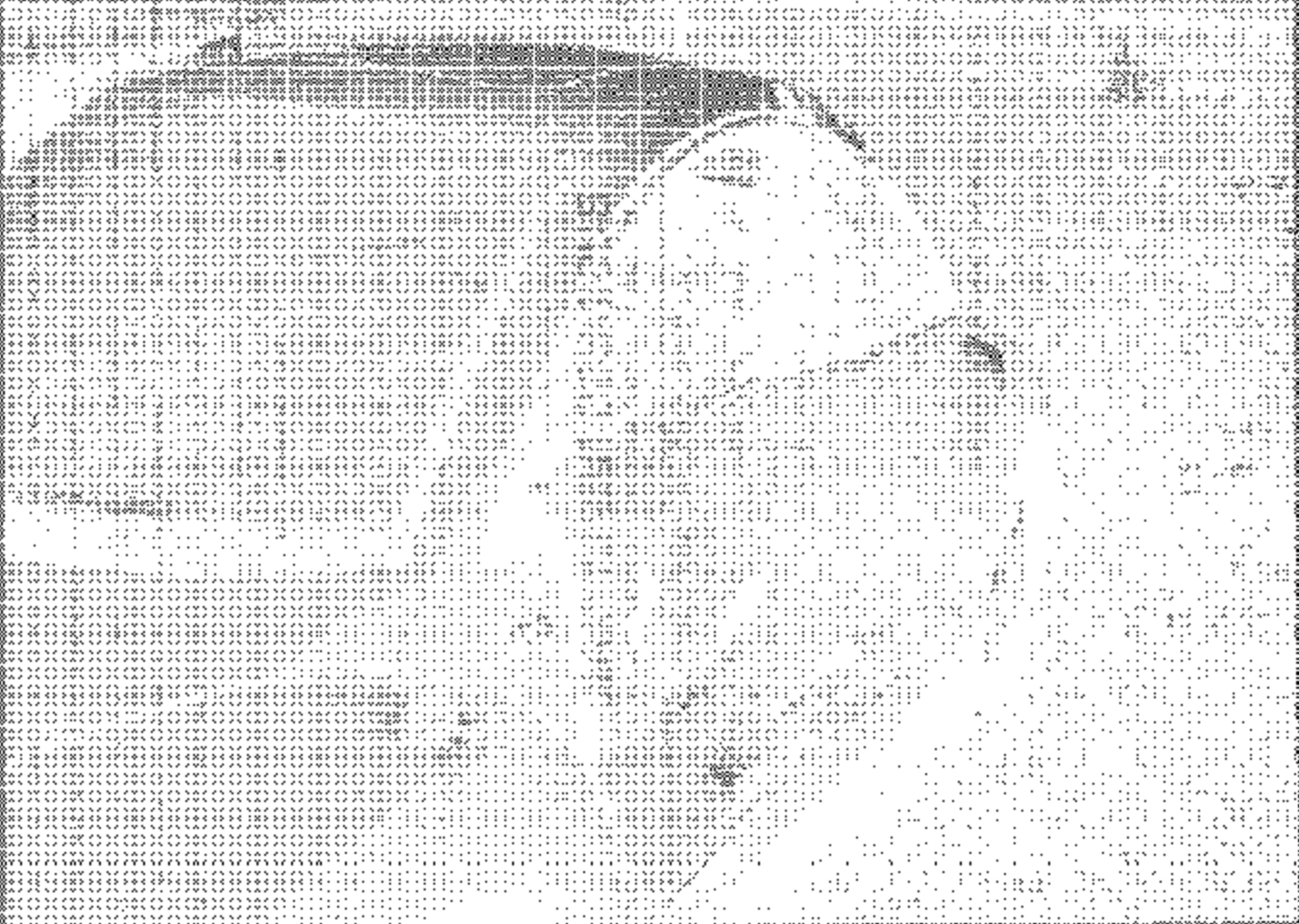
W1 ADVISED HE WAS SOUTHBOUND ON CR 300 W, APPROACHING 200 S. HE STATED THAT HE OBSERVED V1 STOP AT THE STOP SIGN, AND THEN PULL OUT INTO V1'S LANE OF TRAVEL.

Time Notified 5:03	<input type="radio"/> AM <input checked="" type="radio"/> PM	Time Arrived 8:37	<input type="radio"/> AM <input checked="" type="radio"/> PM	Other Location of Investigation
Assigning Officer SGT. TIM MARTIN	ID No. 34-38	Agency HCSD	Investigation Completed <input checked="" type="radio"/> Yes <input type="radio"/> No	Photos Taken <input type="radio"/> Yes <input checked="" type="radio"/> No
Assigning Officer CPL. KEITH MYERS	ID No. 34-41	Agency HCSD	Date of Report 24-23-2003	Other Report Place Possibility or <input checked="" type="radio"/>
Investigating Officer (Printed) MI OGLE	ID No. 34-62	Agency HCSD		

[Handwritten signature]

[Redacted]

Atlanta, Ga



**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).**