Form Approved: O.M.B. No. 2127-0666

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 100148

Date Received	Repository ☐
2003 AUG 11 AM 10	Reference No. 10023416

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: TAYLORSVILLE	State: UT	Zip Code: [redacted]	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 Located at bottom of windshield on driver's side	Make	Model	Model Year
JT3HN86R1V[redacted]	TOYOTA	4 RUNNER	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
24-AUG-97				No: Cylinders 6	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: 4 WHEEL DRIVE	151000 SEAT BELTS:FRONT Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-JUN-2003	65000	25	

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: DOTMAL9ABC096)	☐ 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	0	1	Y

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).

MY DAUGHTER WAS INVOLVED IN A ROLLOVER ACCIDENT WITH A 1997 TOYOTA 4-RUNNER. SHE WAS EJECTED FROM THE VEHICLE AND THE POLICE HAVE EVIDENCE TO SUGGEST THAT SHE WAS WEARING HER SEAT BELT. I HAVE TAKEN THE VEHICLE IN TO TOYOTA TWICE TO REPLACE THE REAR SUSPENSION FOR A TOYOTA RECALL. BOTH BEFORE THE RECALL AND AFTER THE RECALL THE REAR END WAS SAGGING AND WAS NOT STABLE. IT IS MY OPINION THAT THE SEAT BELT WAS DEFECTIVE AND THE REAR SUSPENSION WAS DEFECTIVE. BOTH CONDITIONS CONTRIBUTED TO HER DEATH. *NLM

up date Repository

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

SUMMIT COUNTY, UTAH
SHERIFF
Sheriff David A. Edmunds
Chief Deputy Dave Booth

July 30, 2003

TO: Chris Wiacek
NHTSA/Office of Defects Investigations

FROM: Jay Melton
Detective

SUBJECT: [redacted]
Case No. 03-L06355

I am enclosing a copy of our DI-9 report and a CD which has pictures of the accident.

If there should be any further information you might need, please let me know.

Enclosure

6300 N. SILVER CREEK DR., PARK CITY, UTAH 84098 PHONE: 435-615-3500 EMAIL: dedmunds@co.summit.ut.us
FAX: 435-615-3523 COALVILLE: 435-336-3500 KAMAS: 435-783-4356

DI-9 Rev. 10/99

STATE OF UTAH INVESTIGATING OFFICER'S REPORT OF TRAFFIC ACCIDENT

TIME — MONTH DAY YEAR: 6-17-2003 | DAY OF WEEK: 1 2 3 4 5 6 7 / M (O) W T F S S | MILITARY TIME: 0000 | CASE NUMBER: 03-L06355

PLACE WHERE ACCIDENT OCCURRED: COUNTY: Summit 43 CITY OR TOWN:
Accident was outside city limits — indicate distance from city limits or nearest town: 7 MILES NORTH ■ S ☐ E ☐ W ☐ of Park City (CITY OR TOWN)

FOR AGENCY USE

D.L.C. USE ONLY

LOCATION

ROAD ON WHICH ACCIDENT OCCURRED: East Canyon Rd.
2 — GIVE NAME OF STREET OR HIGHWAY NUMBER — INTERSECTION TYPE — RAMP NO.

1. AT ITS INTERSECTION WITH

2. IF NOT AT INTERSECTION 5808 FEET NORTH ■ S ☐ E ☐ W ☐ of Jeremy Ranch Road
NEAREST INTERSECTION, STREET, HOUSE NO., LANDMARK

1 TENTH OF A MILE — NORTH ☐ S ☐ E ☐ W ☐ OF MILE POST 1 — BE SURE TO COMPLETE IF ROAD HAS MILE POST

STATE/LOCAL

VEHICLE 1

VEHICLE #	YEAR	MAKE	MODEL	BODY STYLE/TYPE CODE	VEHICLE COLOR	G.V.W.R.	DESC. OF CARGO CODE	COMMERCIAL VEHICLE (Reg. 10,000 lbs. or more)
1	1997	Toyota	4Runner	SUV	Green			INTERSTATE ☐ INTRASTATE ☐

VEHICLE IDENTIFICATION NUMBER: JT3HN86R1V0[redacted]
DISPOSITION OF VEHICLE — CODE: 1 Towed (held for owner). by Summit Service
NO. OF AXLES (INCLUDING ALL TRAILERS): DIR OF TRAVEL: North

US DOT / ICC MC	LICENSE PLATE INFO	YEAR	MONTH	STATE	NUMBER	PARTS DAMAGED	DOT	T	U	COST OF REPAIR
		2003	Apr	UT	[redacted]	TT	2	T	●	$ 0

OWNER / OPERATOR / CARRIER — FIRST INITIAL LAST — STREET, CITY, STATE, ZIP, PHONE NO. — PHONE
[redacted] — [redacted] Salt Lake City, UT [redacted]

DRIVER — FIRST INITIAL LAST — STREET, CITY, STATE, ZIP, PHONE NO. — PHONE
[redacted] — [redacted] Salt Lake City, UT [redacted]

DRIVER'S LICENSE STATE	DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MONTH DAY YEAR)	AGE	SEX	SAFE BELT	INJURY: TYPE	CAUSE	AREA	EXTRICATION	EJECTION	THROUGH WHAT AREA EJECTED?
UT	[redacted]	[redacted]									

DRIVER'S EDUCATION	YEARS DRIVE EXP.	LICENSE CLASS	ENDORSEMENT	RESTRICTIONS	
1. PUBLIC 3. NONE 2. COMPL. 4. UNKN.	13			B	[redacted] Passenger Window

INSURANCE COMPANY — EFFECTIVE DATE — EXPIRATION DATE — POLICY NUMBER

INSURANCE APPEARS VALID: YES ☐ NO ☐ — AGENCY THAT SOLD POLICY — ADDRESS — PHONE
(not specified)

VEHICLE N/A

VEHICLE #	YEAR	MAKE	MODEL	BODY STYLE/TYPE CODE	VEHICLE COLOR	G.V.W.R.	DESC. OF CARGO CODE	COMMERCIAL VEHICLE (Reg. 10,000 lbs. or more)
N/A								INTERSTATE ☐ INTRASTATE ☐

VEHICLE IDENTIFICATION NUMBER — DISPOSITION OF VEHICLE — CODE — NO. OF AXLES (INCLUDING ALL TRAILERS) — DIR OF TRAVEL

US DOT / ICC MC	LICENSE PLATE INFO	YEAR	MONTH	STATE	NUMBER	PARTS DAMAGED	DOT	T	U	COST OF REPAIR
							2	T		$

OWNER / OPERATOR / CARRIER — FIRST INITIAL LAST — STREET, CITY, STATE, ZIP, PHONE NO. — PHONE

DRIVER — FIRST INITIAL LAST — STREET, CITY, STATE, ZIP, PHONE NO. — PHONE

DRIVER'S LICENSE STATE	DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MONTH DAY YEAR)	AGE	SEX	SAFE BELT	INJURY: TYPE	CAUSE	AREA	EXTRICATION	EJECTION	THROUGH WHAT AREA EJECTED?

DRIVER'S EDUCATION	YEARS DRIVE EXP.	LICENSE CLASS	ENDORSEMENT	RESTRICTIONS
1. PUBLIC 3. NONE 2. COMPL. 4. UNKN.				

INSURANCE COMPANY — EFFECTIVE DATE — EXPIRATION DATE — POLICY NUMBER

INSURANCE APPEARS VALID: YES ☐ NO ☐ — AGENCY THAT SOLD POLICY — ADDRESS — PHONE

1. PEDESTRIAN 2. BICYCLIST	DATE OF BIRTH	AGE	SEX	INJURY: TYPE	CAUSE	AREA

NAME — ADDRESS

CODES												

■ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ AMENDED REPORT

DIAGRAM WHAT HAPPENED BELOW.

Reason For No Diagram _____

1 Officer not at scene

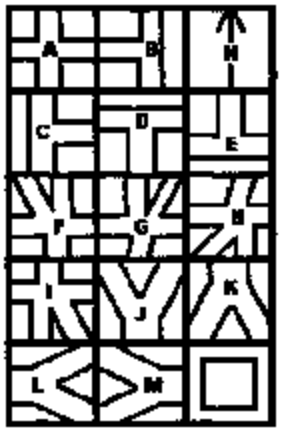
2 Vehicles moved

3 Other _____

CASE NUMBER 03-L06365

VEHICLE NO. 1 NO. -

ESTIMATED TRAVEL SPEED	48	-
ESTIMATED IMPACT SPEED	40	-
POSTED SPEED	25	-
ADVISORY SPEED	25	-



INDICATE INTERSECTION TYPE

DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number) Vehicle was traveling northbound on East Canyon Road. Vehicle was traveling between 38 and 51 miles per hour. Vehicle rounded a right angled corner, began to turn towards the hillside, then turned away from the hillside. The right rear tire briefly left the road onto the righthand shoulder, re-entered the road as the vehicle started to rotate counterclockwise. The vehicle left the roadway to the left. The vehicle appeared to have impact its rear end first into the hillside. The drivers seat was bent towards the rear of the vehicle, and with the drivers seatbelt still intack, the driver was ejected out of the rear left passengers window. The vehicle the appeared to have traveled off the roadway right front quarter first rolling from that corner towards the left rear corner, rolling again with the second rotation ejecting the driver.

If Hazardous Materials were involved list the placard number from off the commercial vehicle:

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____ $ _____
Name object and state nature and amount of damage — ESTIMATE

Name and address of owner of object struck _____

WITNESSES

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

FIRST AID ADMINISTERED BY: 6
1 - Paramedic, 2 - Fireman, 3 - Ambulance Personnel, 4 - Bystander, 5 - Driver, 6 - None Rendered, 7 - Hospital, 8 - Helicopter Personnel, 9 - Unknown

SAFE REPORT NO.

SAFE REPORT NO.

INJURED TAKEN BY: 6
1 - Ambulance, Private, 2 - Ambulance, Fire, 3 - Paramedics, 4 - Private Vehicle, 5 - Helicopter, 6 - Other

TIME: Amb. Called 1613 Arrived 1621

INJURED TAKEN TO _____

POLICE ACTIVITY

6-17-2003 — Date Notified of Accident (Month, Day, Year)

1613 — Time Notified of Accident

(USE MILITARY TIME)

1621 — Arrived at Scene

Investigation of Accident Completed at 0000 of [X] the same day [ ] the _____ day following

Source of Information

Officer at Scene _____

Other No. _____ Contacted Victim _____

Other _____

PHOTOS TAKEN YES [X] NO [ ]

VIDEO TAKEN YES [X] NO [ ]

FIELD DIAGRAM YES [ ] NO [X]

Name _____ Charge _____

Name _____ Charge _____

CVSA Inspection Yes _____ No X If Yes, Report Number _____

Other action taken _____

PRINT	Dep. Jay Mellon	K41	TRF	SCSO		6-17-2003
	OFFICER'S RANK AND NAME	I.D. NO.	PATROL DIVISION	DEPARTMENT	SUPERVISOR'S APPROVAL	DATE OF REPORT

State Law requires that report be forwarded to Dept. of Public Safety within 10 days following completion of the investigation. Mail ORIGINAL OF REPORT TO: Driver License Division Financial Responsibility Section 4501 South 2700 West * P.O. Box 30560 * Salt Lake City, Utah 84130-0560