



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 1368

Date Received: 6/10/03 PM 12:14

Repository

20-JUN-2003

Reference No.
10024540

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: LINCOLN State: NE Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:
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: 6/10/03

VEHICLE INFORMATION

[REDACTED]		Make FORD	Model TAURUS	Model Year 1995
Date Purchased 10-20-97	Dealer's Name and Telephone Number DU TEAU CHEVROLET (402) 420-3300		Engine: 3.0 Liter No. of Cylinders 6	Fuel Type: Fuel Injected
Original Owner <input type="checkbox"/>	Dealer's City Lincoln	State NE	Zip Code 68512	
Transmission Type TRANSAXLE AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Front wheel drive	Vehicle Component Code 140000 AIR BAGS Multiple Failure: 1 Slow on passenger Side	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12 JUN 2003	Failure Mileage	Failure Speed	Air bag slow on passenger side
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 3	Number of Deaths None	Reported to Police N
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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).

CONSUMER STATED THAT WHEN HIT IN A VEHICLE ACCIDENT THE AIR BAG DEPLOYED TOO SLOWLY. DEALER NOTIFIED. #AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974—Public Law 93-502 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)

When the collision occurred I ([redacted]) from the
corner of my eye, as air bag on my side (the driver's side)
was pulling around my face, noticed that the bag on the
passenger side had not at that time deployed. As I
was leaving vehicle I did notice the passenger side
air bag hanging from its exit door. The passenger
having received a fractured sternum in the collision
felt that air bag had not provided the protection it
should have.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
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

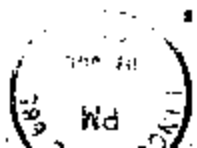
1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.dot.gov/odot



State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No. / District	Agency Case No. MD-04-03	HT & RURY N	1
A4 04	DATE OF ACCIDENT	06/12/03 S M T W T H F S X		TIME OF ACCIDENT 15:30 <small>(in Military Time)</small>	STATE LICENSE
A3 04	PLACE OF ACCIDENT	COUNTY SAUNDERS	POLICE NOTIFIED	15:32	LATITUDE 0.00000
75		CITY	PRIVATE PROPERTY?	N	LONGITUDE 0.00000
C 1	ROAD OR BRANCH ACCIDENT OCCURRED	STATE HWY NO. HWY 77 & 92	ONE-WAY N STREET?		
1	DISTANCE FROM MILEPOST	580	N S E W OF MILEPOST 100	N 77 & 92	SHOULDER/PAVEMENT CLASSIFICATION N
02	IF AT INTERSECTION		IF NOT AT INTERSECTION		
01	NAME OF INTERSECTING ROADWAY		FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
01	JCT 77 & 92		0.0		
01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
01	MILES	0.5	N S E W OF NEAREST CITY OR TOWN	MEAD	
1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	B1 B2 B3 B4 B5-a B5-b B6-a B6-b	CONTINUATION FORMS CHECKED (Fill in all that apply) N TRUCK & BUS N CONTINUATION
2	VEHICLE NO. 1				
1	DRIVER LICENSE NO.		STATE (if license)	NE	SEX M
1	DRIVER		PHONE		LOCAL NO.
1		DAKOTA CITY, NE	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	
2		SIoux CITY, IA	CITY, STATE, ZIP	CREATION	Y
5	LICENSE PLATE NO.		YEAR (Plate Expires)	04	STATE (if Plate) IA
3	VEHICLE YEAR	93	MAKE	FORD	MODEL
4	VEHICLE NO. (VIN)	2FMDASA40SE	COLOR	GLD	ESTIMATED VALUE \$ 2,000.00
1	TOWED TO	KONECKY OIL-MEAD, NE	TOWED BY	KONECKY OIL	INSURANCE COMPANY NONE
1					POLICY NO. NONE
1	VEHICLE NO. 2				
1	DRIVER LICENSE NO.		STATE (if license)	NE	SEX M
1	DRIVER		PHONE		LOCAL NO.
1		LINCOLN, NE	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	
1		LINCOLN, NE	CITY, STATE, ZIP	CREATION	N
1	LICENSE PLATE NO.		YEAR (Plate Expires)	03	STATE (if Plate) NE
1	VEHICLE YEAR	95	MAKE	FORD	MODEL
1	VEHICLE NO. (VIN)	1EALP52U6SG	COLOR	GRN	ESTIMATED VALUE \$ 4,000.00
1	TOWED TO	KONECKY OIL-MEAD, NE	TOWED BY	KONECKY OIL	INSURANCE COMPANY STATE FARM
1					POLICY NO.
Complete this section for all injured persons <small>(Complete a continuation report, if more than three were injured)</small>				DATE OF BIRTH (MM/DD/YYYY)	SEX M/F
2	NAME		LINCOLN, NE	10/30/34	01 1 07 3 2 M
2	LOCAL NO.	MEDICAL FACILITY NAME	Wahoo Hospital	EMERGENCY SERVICE NAME	MEAD FIRE & RESCUE
2					EMERGENCY REPORT NO. MD0126
2	NAME		LINCOLN, NE	10/30/37	03 1 04 4 2 F
2	LOCAL NO.	MEDICAL FACILITY NAME	Wahoo Hospital	EMERGENCY SERVICE NAME	MEAD FIRE & RESCUE
2					EMERGENCY REPORT NO. MD0126
2	NAME		LINCOLN, NE 685	04/20/61	06 1 05 4 2 F
2	LOCAL NO.	MEDICAL FACILITY NAME	Wahoo Hospital	EMERGENCY SERVICE NAME	MEAD FIRE & RESCUE
2					EMERGENCY REPORT NO. MD0126

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
MD-04-03

 Indicate North by Arrows	Investigation made at scene?
	Yes

SEE Page 2

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S OBSERVATION

Vehicle 1 had been eastbound on Hwy 77 & 92. Driver of #1 stated that he was making a left turn onto Highway 77 and did not observe #2 coming, which in turn hit #1. Vehicle 2 was westbound on Hwy 92. Driver #2 stated that as he approached the Jct. of Hwy 77 & 92 he observed a van make a left turn in front of him. #2 stated he did not have time to react or go anywhere and hit #1. There were 2 witnesses to the accident. Both witnesses had been following vehicle 2. Both witnesses stated they observed #1 make a left turn directly in front of #2, which gave the driver of #2 no time to react.

PROPERTY	VEHICLE DAMAGE	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$ 0.00
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$ 0.00

NAME	ADDRESS	PHONE
	GLENWOOD, IA	
NAME	ADDRESS	PHONE
	LINCOLN, NE	

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS							
VEH. NO.	N	S	E	W	ROAD OR HIGHWAY	VEHICLE 1		VEHICLE 2		VEHICLE 1				VEHICLE 2				VEH 1			VEH 2		
1		E			77 & 92	POINT OF IMPACT	02	POINT OF IMPACT	01	1 Deployed - front 2 Deployed - side 3 Deployed - both roadside 4 Not deployed 5 Not applicable 6 No data available 7 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				ALCOHOL TESTING			ALCOHOL/DRUGS SUSPECTED		
2		W			HWY 92	BEST APPROX. AREA	02	BEST APPROX. AREA	01	1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				Driver No. 1: N Driver No. 2: N Passenger: N			Driver No. 1: 0.000 Driver No. 2: 0.000 Passenger: 0.000		
1		06			06 Turning left	02		01		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				Driver No. 1: 1 Driver No. 2: 1			1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		
2		01			06 Crossing traffic lane	02		01		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				Driver No. 1: 1 Driver No. 2: 1			1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		
01					06 Crossing traffic lane	02		01		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				Driver No. 1: 1 Driver No. 2: 1			1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		
02					06 Crossing traffic lane	02		01		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				Driver No. 1: 1 Driver No. 2: 1			1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		
03					06 Crossing traffic lane	02		01		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				Driver No. 1: 1 Driver No. 2: 1			1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		
04					06 Crossing traffic lane	02		01		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				Driver No. 1: 1 Driver No. 2: 1			1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		
05					06 Turning right	02		01		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Restraint used 8 Restraint use unknown				Driver No. 1: 1 Driver No. 2: 1			1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		

OFFICER NO.	4021 CARLSON, JERRY	DEPARTMENT	MEAD POLICE DEPARTMENT	Photographs taken?	Y
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REPORTER NAME (Print or Type)	4021 CARLSON, JERRY	INVESTIGATOR SIGNATURE	DATE OF REPORT	06/13/03
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DATE: JUNE 12, 2003
LOCATION: JCT. HWY 77& 92
DRIVER #1: [REDACTED]
DRIVER #2: [REDACTED]
OFFICER: J. CARLSON #4021

RP TO N8 E/W
A 42N 500E

RP= REFERENCE POINT-BENCHMARK 100
A=POINT OF IMPACT

After impact vehicle 1 came to a stop 29feet west from
the point of impact, facing north in front of the southbound lane
of Highway 77.

After impact vehicle 2 came to stop 18feet west
from the point of impact facing westbound.

