



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 100079

Date Received

02-JUL-2003

Repository ☐

Reference No.
10026471

OWNER INFORMATION (Type or Print)

Name

Address

City

REYNOLDSBURG

State OH

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? ☒ YES ☒ NO
In the absence of an authorization, NHTSA will not provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 7/23/03

VEHICLE INFORMATION

Make
CHEVROLET

Model
MALIBU

Model Year
2000

Date Purchased

12-17-99

Dealer's Name and Telephone Number

Bryers Chevrolet

614-791-8686

Engine:

No. Cylinders

6

Fuel Type:

Original Owner

☒

Dealer's City 6531 Village Parkway

Dublin

State

OH

Zip Code

43017

Transmission Type

☒ Antilock Brakes

Powertrain

Vehicle Component Code

141800 AIR BAGS:FRONTAL

Multiple Failure:

AUTOMATIC

☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

06-FEB-2003

Failure Mileage

37,456

Failure Speed

Approximately

25 MPH

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), condition, and injury(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

0

Reported to Police

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 (e.g., parts repaired or replaced (and if old part is available)).

WHILE DRIVING AT 35MPH CONSUMER WAS INVOLVED IN A FRONTAL COLLISION AND NEITHER OF THE AIR BAGS DEPLOYED. *AK

My vehicle was rendered a total loss. The appraiser stopped when repairs estimate exceeded 6,700.00.

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, as 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)

I was on my home from work on Thursday, February 6, 2003, traveling east on State Route 16 (East Broad Street) when I was struck by a westbound vehicle near the intersection of Taylor Road SW and State Route 16 at approximately 5:30 PM. I was traveling with the flow of traffic, with cars in front of me and behind me. Although the speed limit is 40 mph for this area, traffic was moving slower due to wet roads and the prediction of snow and ice conditions to arrive soon. I was driving approximately 25 MPH. My headlights were on and I was wearing my seat/shoulder belt. Suddenly the driver of the other vehicle crossed the centerline and struck the front of my vehicle. I actually felt two things during this collision. The other driver did not indicate he was turning, no signals whatsoever. All I know is that I was traveling east, the other driver was traveling west, and he came into my lane and struck my vehicle in the front. The other driver turned completely around and ended up immediately behind my vehicle, heading east. I received injuries to my neck, left breast, left chest wall, muscle pain in shoulders, elevated blood pressure, extreme headache, which was determined to be a concussion. I had to undergo several x-rays, medical exams and tests, and take many prescriptions for pain, muscle spasms, anti-inflammatory, blood pressure, and nausea.

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

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
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**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) & DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
Information and guidelines

9

02062003

45

Zone A

04 140000 Florida	00 Flux Valve W/O Response
05 Transfer to Receiver	00 Overrun
06 Misses Four	00 Switch On: Slave 1510

KEYNOLDSBURG, OHIO

Chassis (Name of car, make, model) <i>Samus</i>	Arms (Name, type, range, etc.) <i>Samus</i>
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331.17	File To Yarn on Last Time	CPPT00040	x
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KETNOCASBURG, OHIO

Previous Name (Including Maiden Name) SAME	Current Name, City, State, Zip Code SAME
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Overall Comments	Overall Recommendation

Year (Jan, Feb, March)	Year Price \$
1997	1.00
1998	1.00
1999	1.00
2000	1.00
2001	1.00
2002	1.00
2003	1.00
2004	1.00
2005	1.00
2006	1.00
2007	1.00
2008	1.00
2009	1.00
2010	1.00
2011	1.00
2012	1.00
2013	1.00
2014	1.00
2015	1.00
2016	1.00
2017	1.00
2018	1.00
2019	1.00
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2091	1.00
2092	1.00
2093	1.00
2094	1.00
2095	1.00
2096	1.00
2097	1.00
2098	1.00
2099	1.00
2100	1.00

Account (State, City, State, Zip Code)	Invoice From To	Invoice From To	Invoice From To
	1 Mon. 4000		

NAME (Last, First, Middle)	Report Number
...	...

[illegible][illegible]

Narrative

UNIT #2 WAS E/B ON BROAD ST. AT TAYLOR RD.
UNIT #1 WAS W/B ON BROAD, TURNING S/B ON TAYLOR. UNIT #1
FAILED TO YIELD ON LEFT TURN, AND STRUCK UNIT #2.

Number of Collisions on Report

06

1. See Collision Number
2. See Vehicle in Transient
3. See Date
4. See Time
5. See Location
6. See
7. See
8. See
9. See

Work Zone

06

1. See
2. See
3. See
4. See
5. See
6. See
7. See
8. See
9. See

Last Collision

3

1. See
2. See
3. See
4. See
5. See
6. See
7. See
8. See
9. See

School Bus Related

1

1. No
2. Yes, Elementary School
3. Yes, Secondary School
4. Unknown

Vehicle Status Related

1

1. No
2. Yes
3. Unknown

Type of Work Zone

1

1. Lane Closure
2. Lane Shift/Changeover
3. Work on Shoulder or Median
4. Detour/Temporary Closure
5. Other

Location of Collision in Work Zone

1

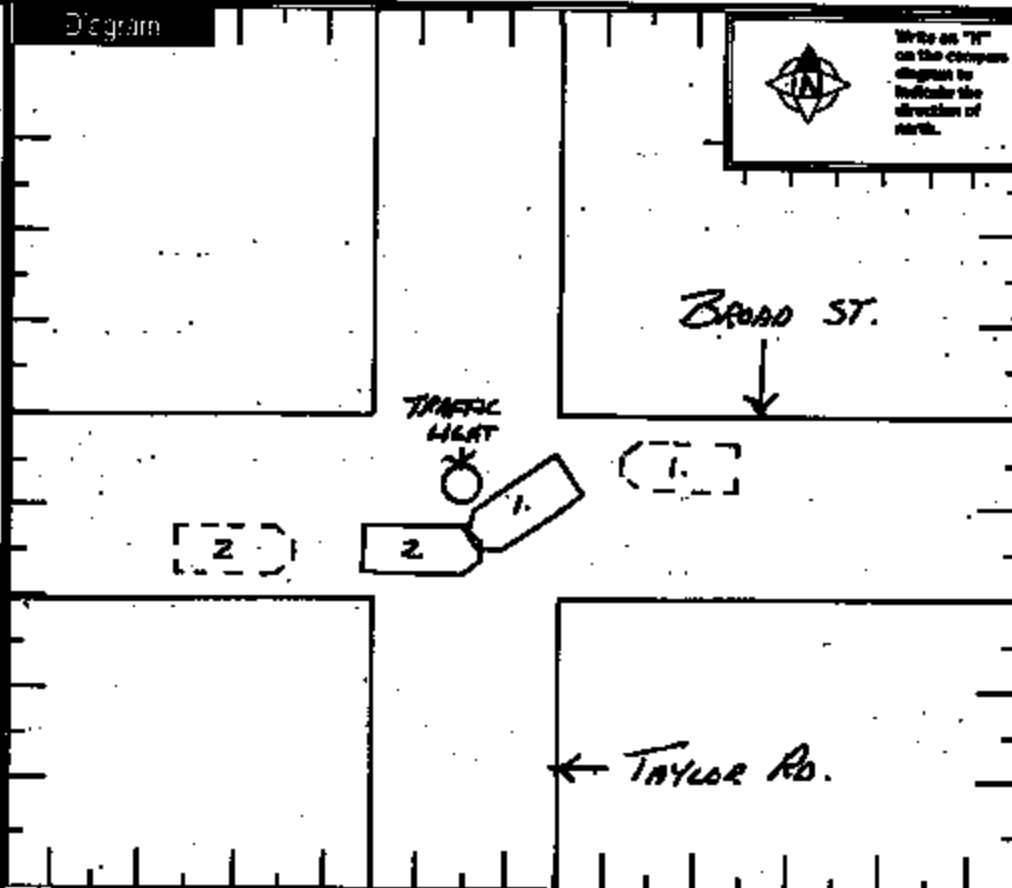
1. Before Work Zone
2. Inside Work Zone
3. After Work Zone
4. Unknown

Work Zone Posting

1

1. No
2. Yes
3. Unknown

Diagram



Truck/Bus

THE DRIVER INVOLVED WAS OR WAS NOT THE FOLLOWING:

1. A TRUCK (POWER VEHICLE) WITH A GVWR MORE THAN 26,000 POUNDS OR A TRUCK (POWER VEHICLE) WITH A RATED MAXIMUM GROSS VEHICLE WEIGHT (GVWR) OF 26,000 POUNDS OR MORE.
2. A BUS OR SCHOOL BUS.

CLASSIFICATION OF TRUCK/BUS INVOLVED

CLASSIFICATION OF TRUCK/BUS INVOLVED

A

N

D

THE DRIVER INVOLVED WAS OR WAS NOT THE FOLLOWING:

1. A TRUCK (POWER VEHICLE) WITH A GVWR MORE THAN 26,000 POUNDS OR A TRUCK (POWER VEHICLE) WITH A RATED MAXIMUM GROSS VEHICLE WEIGHT (GVWR) OF 26,000 POUNDS OR MORE.
2. A BUS OR SCHOOL BUS.

CLASSIFICATION OF TRUCK/BUS INVOLVED

CLASSIFICATION OF TRUCK/BUS INVOLVED

COLL

VEH

PLAC

TRAFFIC LIGHT

PRIORITY

TRAFFIC LIGHT

CLASSIFICATION

1. Not Applicable
2. Bus (2-25 Seating Capacity)
3. Truck/Tractor Unit
4. Semi/Tractor Unit

1. No
2. Yes
3. Unknown

1. No
2. Yes
3. Unknown

1. No
2. Yes
3. Unknown

1. No
2. Yes
3. Unknown

1. No
2. Yes
3. Unknown

1. No
2. Yes
3. Unknown

Police Act or

02062003 1745

1745

1754

1910

85

Reporting Officer

ROBERT J. WAGBLORE

15

Reporting Officer

MICHAEL J. BONS

Date Report Filed

02182003

Report Taken By

1. Police Agency
2. Other

Report Taken At

1. Home
2. Workplace
3. Other

0200402003

LOCAL REPORT NUMBER	04-0040-2003	REPORTING AGENCY	PATAASKALA POLICE	DATE OF CRASH	M02 D06 Y03
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

ROBERT J. WHITZER
(OFFICER'S NAME)

AT

BROAD / TAYLOR
(LOCATION)

I was on my way home from work on Thursday, February 6, 2003. At approximately 5:30 PM I was traveling east on St. Rt. 16 going about 25 mph when a car turned toward me, striking me in the front and side of my vehicle, near the intersection of Taylor Road SW and Broad St. (St. Rt 16). The other vehicle turned around and pulled up behind my vehicle. The other driver came up to my car and I could not get out of my vehicle, could not open my driver's door. He said he did not want to call the police and insisted I had run a red Light. The Light for me was green. It was as though the other driver was asleep as it happened so quickly I had no time to avoid the crash.

A couple in a red truck came back and stated they witnessed the entire accident and confirmed my Light was green.

ADDRESS OF WITNESS	[REDACTED]	Reynoldsburg, OH	[REDACTED]	PHONE	[REDACTED]
SIGNATURE OF WITNESS	[REDACTED]	Robert J. Whitzer	[REDACTED]		

LOCAL REPORT NUMBER 02-0040-2003	REPORTING AGENCY PATASKALA POLICE	DATE OF CRASH MOZ DEC 1983
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

ROBERT J. WHEELER
(OFFICER'S NAME)

AT

BROAD / TAYLOR
(LOCATION)

I WAS GOING AT A RED LIGHT
I WAS STOPPED AT THE RED LIGHT, AT TAYLOR RD AND BROAD ST. I WAS GOING NORTH ON TAYLOR RD. THE TRAFFIC WAS MOVING EAST ON BROAD ST. I SAW TWO CAR GOING THRU THE INTERSECTION AND THEN A MAROON CAR CAME FROM TAYLOR RD TURNING EAST ON BROAD ST. ~~THE~~ AND HIT A SILVER CAR. OTHER CAR CONTINUED THRU BROAD HEADING EAST AND HAD TO GO AROUND THE MAROON CAR.

ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESS

HSY 700

Pataskala, OH

OFFICER'S SIGNATURE

Robert J. Wheeler

PHONE

DESCRIPTION OF AUTOMOBILE ACCIDENT

I was on my way home from work on Thursday, February 6, 2003, traveling east on State Route 16 (East Broad Street) when I was struck by a westbound vehicle near the intersection of Taylor Road SW and State Route 16 at approximately 5:30 PM.

The speed limit in this area is 50 mph.; however, the traffic was moving slower that day due to weather conditions. The road was wet and cold temperatures existed. The weather forecasters were predicting snow and ice to arrive soon.

I was traveling with the flow of traffic (approximately 25 mph), with cars in front of me and cars behind me. Suddenly, a westbound vehicle came across the centerline and struck my vehicle in the front. I felt that I was struck twice by this vehicle; once in the front and again on the left front. It happened so quickly, that there was nothing I could do to avoid this crash.

My headlights were on and I was wearing my seatbelt. My airbag did not deploy.

I pulled over to the right side of the road and tried to compose myself. I was really shakened up. I had been tossed "to and fro" and could not exit my driver's door. The other driver must have turned completely around during the accident because he pulled over immediately behind my vehicle. He came up to my vehicle and proceeded to say, "You ran a red light." If we call the police, you will get a ticket. I stated, "The light was green, and I was flowing with the traffic." "I am calling the police." At that time, I asked him if he was OK. He said "Yes". I then exited my vehicle on the passenger's side. I proceeded to go into the Dairy Mart and I asked them to call the police for me. They dialed the phone and I talked with the police. (They also dialed the phone number of my home so I could talk with my husband who was just a mile away from the scene. My husband arrived before the police officer.) The officer arrived about 5:45 PM and took over from there.

When I got out of the vehicle, I felt pain in my left chest area. I was literally shaking. Both vehicles were damaged. The other driver seemed to pace and I actually thought he might leave the scene. He was acting rather strangely, kind of "sleepy", and I chose not to talk with him and allow the police officer perform his duties.

Two witnesses (husband and wife) came forward and told me that they had witnessed the entire accident. They supported my statement that my light was green and the other driver was clearly at fault. They were driving a fullsize pickup truck. They said they would remain and talk with the police officer. They actually submitted a written report for the police officer.

The other driver was cited for "Failure to Yield". My vehicle had to be towed away.

I asked the officer for the other driver's information, and he told me that all would be on the police report which would be ready in a few days. Pataaskala Police Department, Report Number [REDACTED]

Date 2-11-03

[REDACTED]
Reynoldsburg, OH

Home: [REDACTED]



American National Corporate Centre
1040 East Sunshine
Springfield, MO • 65809-0001
417-887-0220 • Fax 417-887-1801
<http://www.anpac.com>

American National Property And Casualty Co.
American National General Insurance Co.
American National Lloyd's Insurance Co.
Pacific Property And Casualty Co.
ANPAC Louisiana Insurance Co.
American National County Mutual Insurance Co.

February 19, 2003

[REDACTED]
Reynoldsburg, Ohio [REDACTED]

Re: Insured: [REDACTED]
Claim # [REDACTED]
Date of Loss: 2-6-03
Vehicle: 2000 Chevy Malibu
VIN 1G1ND52J166 [REDACTED]

Dear [REDACTED]

The above vehicle has been rendered a total loss.

If full liability and/or coverage is accepted, we shall reimburse for the applicable sales taxes incurred upon receipt of documentation of purchase of an automobile. The reimbursement amount shall not exceed the amount that would have been payable by you for sales taxes on the purchase of an automobile with a market value equal to the amount of the cash settlement. If you should purchase an automobile with a market value less than the amount of the cash settlement, we will reimburse only the actual amount of the applicable sales taxes on the purchased automobile.

To receive reimbursement, the vehicle must be replaced within 30 days of your receipt of settlement proceeds, and we must receive receipt of purchase within 33 days of your receipt of any settlement proceeds.

Sincerely,


Peggy Uttinger

American National Property And Casualty Company
(800) 333-2861 Ext#2647





