



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
2003 SEP 12 PM 1:46
12-AUG-2003

Repository
Reference No.
10033675

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: FLORENCE State: AL Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [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 authorized signature or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 9/12/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKPK16R3XJ [Redacted]
Make: GMC Model: SUBURBAN Model Year: 1999
Date Purchased: 12/99 Dealer's Name and Telephone Number: Steel City GMC
Original Owner: Dealer's City: Birmingham State: AL Zip Code: [Redacted]
Engine: [Redacted] Fuel Type: Regular
Transmission Type: Auto Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 141000 AIR BAGS: FRONTAL
 Cruise Control Multiple Failure: [Redacted]

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): 9-3-03 Failure Mileage: 124,000 Failure Speed: 55 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTR41SABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash: Yes No Fire: Yes No Number of Persons Injured: 2 Number of Deaths: 0 Reported to Police: Y

Narrative Description of Incident(s), Crash(es), and Injury(es).
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 STATES WHILE TRAVELING 55 MPH AND AS A RESULT OF A HEAD ON CRASH AIR BAGS DID NOT DEPLOY. *AK

enclosed

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.

SEATING

1

1	2	3	4
5	6	7	8
9	10	11	12

11

12 - Pedestrian
13 - Rider of Unpowered Vehicle
14 - Driver of Non-Powered Vehicle
15 - Victim of Motor Vehicle/Tractor Not Applicable

Other Involved Subject Component

2

1	2	3	4
5	6	7	8
9	10	11	12

42

12 - Pedestrian
13 - Rider of Unpowered Vehicle
14 - Driver of Non-Powered Vehicle
15 - Victim of Motor Vehicle/Tractor Not Applicable

Other Involved Subject Component

- CODES**
- SAFETY EQUIPMENT**
- 01 - None
 - 02 - Fire Extinguisher
 - 03 - First Aid Kit
 - 04 - Fire Extinguisher
 - 05 - Fire Extinguisher
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VICTIMS

Victim Name: **TOWN CREEK, AL**

Victim Address: **LAWRENCE COUNTY, MS**

Victim City: **FLORENCE, AL**

Victim State: **AL**

Victim Zip: **36505**

Victim Sex: **M**

Victim Race: **W**

Victim Height: **5-11**

Victim Weight: **170**

Victim Eyes: **BRN**

Victim Hair: **BRN**

Victim Occupation: **NA**

Victim Vehicle: **NA**

Victim License: **NA**

Victim Insurance: **NA**

Victim Medical: **NA**

Victim Other: **NA**

Victim Notes: **ECM HOSPITAL, FLORENCE, AL**

Victim Notes: **LAWRENCE COUNTY EMS**

COBES

COBES: **5 - Other**

COBES: **6 - Other**

NARRATIVE AND DIAGRAM

SEE SHEET TWO

N/A

N/A

ROADWAY ENVIRONMENT

For Each Roadway Environment Field, Check Box Entry for Each Incident Item:

Contributing Road Factors	Roadway Characteristics	Weather	Condition of Road	Condition of Roadway (Contributing)	Weather Status	Other
1 - None 2 - Obstructed Lane 3 - Obstructed Sight 4 - Obstructed Sight 5 - Other	1 - None 2 - None 3 - None 4 - None 5 - Other	1 - None 2 - None 3 - None 4 - None 5 - Other	1 - None 2 - None 3 - None 4 - None 5 - Other	1 - None 2 - None 3 - None 4 - None 5 - Other	1 - None 2 - None 3 - None 4 - None 5 - Other	1 - None 2 - None 3 - None 4 - None 5 - Other

Other: **NA**

INVESTIGATION

Time Police Notified: **4:16**

Time Police Arrived: **4:28**

Time LSP Arrives: **4:30**

Name of Investigating Officer: **TROOPER CHARLES B. OWENS**

Address: **ROGERSVILLE, AL**

Supervisor: **WILLIAM R. KENNAM**

Signature: **Charles B. Owens #781**

Date: **8-3-2003**

VEHICLE ONE



133.65'

VEHICLE ONE SPINNING



AREA OF IMPACT 4.1 FEET INTO SOUTHBOUND LANE

ROAD WIDTH 23 FEET

VEHICLE TWO

FINAL REST VEHICLE ONE

ALABAMA 101

Diagram Not to Scale Diagram Scale 1 inch = 100 feet	Location LAWRENCE COUNTY	Time 4:05	ASP P.M. -MT-
Signature of Reporting Officer <i>Charles B. C...</i>	Case No. 781	DATE 08 03 2003	
	Vehicle Make & Model ALAST 2000		



