Form Approved: O.M.B. No. 2127-0004

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
12-SEP-2003	2003 OCT Reference No. 10038802

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City: MURPHY	State: NC	Zip Code: [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 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
2FTZF07301C[redacted]	FORD	E150	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders 8	Fuel Type: Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	140000 AIR BAGS
			Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-OCT-2001		100	

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: DOTMAL9ABC036)	☐ 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	2	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).

ON OCT. 20 2001 MY SON DERRICK WAS TRAVELING WITH HIS FRIEND IN HIS NEW FORD SVT 150 LIGHTING TRUCK WHEN DERRICK WAS ASLEEP AND JODY WAS TRAVELING AT SPEEDS OF 120 MPH. HE LOST CONTROL AND CRASHED. THE FRONT CAME HEAD ON WITH THE EMBANKMENT THAT WAS THE FIRST HIT THE AIRBAGS NEVER WORKED . THAT WAS ONLY THE BEGGING OF THE CRASH . BUT THE POINT IS MY SON WAS THROWN OUT OF THE TRUCK AND KILLED. BUT HE DIED FROM THE FIRST HIT. HE HAD A CLOSE HEAD TRAUMA. IF THE AIRBAG HAD WORKED IT COULD HAVE SAVED MY SON. AT LEAST HE WOULD HAVE HAD A 50/50 CHANCE. NO ONE CAN SAY IF IT WOULD OR WOULD NOT HAVE SAVED HIM. BUT THE POINT IS THE AIRBAGS NEVER WORKED ON EITHER SIDE. DERRICK WAS ALL I HAD AND I LOVED HIM VERY MUCH. I HATE TO SEE HIS DEATH MEAN NOTHING TO THE FORD COMPANY. WE NEED SOME HELP. I DON'T KNOW WHAT YOU CAN DO. *PH

Add to Repository

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

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

37-312-01 | GADSP2700 | County: Union | Date Rep. By DPS:

Date: 10-20-01 | Day of Week: Sun M T W Th F S | Time: 0900 | Off Arrived: 0930 | Total Vehicles: 1 | Number Of: Injuries 1, Fatalities 1 | Issue City Or:

Road of Occurrence: GA #11 (1 Interstate 2 Limited Ac. Rd. 3 Co. Road 4 City St.) | At Intersection with: Leslie Drive #205 (1 Interstate 2 Limited Ac. Rd. 3 Co. Road 4 City St.) | Corrective Report: Yes ☐ | Suppl. To Original: Yes ☐

Not At Int. Intersection Dist: ☐ Miles ☐ Feet | 1 ☐ North 2 ☐ South 3 ☐ East 4 ☐ West | And Continuing In The Direction Checked Above | The Road Reference Point Is: 1 ☐ Interstate 2 ☐ Limited Ac. Rd. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ City Limit

Driver 1

Driver #: 1 | Last Name: Unknown | First | Middle | Address | City | State | Zip | DOB | Driver's License No. | Class | State | Male ☐ Female ☐ | Posted Speed: 55 | Insurance Co.: Cotton States | Policy No.: [redacted] | Year: 2001 | Make: Ford | Model: F-150 | Telephone No. | VIN: 2FTZF07391C[redacted] | Vehicle Color: Black | Tag #: [redacted] | State: GA | County: Union | Year: 2002 | Trailer Tag # | State | County | Year | ☐ Same as Driver | Owner's Last Name: [redacted] | First: [redacted] | Middle | Address: [redacted] | City: Blairsville, | State: GA | Zip: [redacted] | Removed By: Young's | ☐ Request ☒ Tow

Alcohol Test | Type | Results | Drug Test | Type | Results

Driver Condition | Direction of Travel 1 | Vision Obscured 1 | Contributing Factors

Vehicle Condition 1 | Vehicle Maneuver 10 | Pedestrian Maneuver

Most Harmful Event 1 | Vehicle Class 1 | Vehicle Type 2

Traffic Control 9 | Device Inoperative 7 | ☐ Yes ☒ No

Injured Taken To: Union General Hospital/Erlanger

EMS Arrival Time | Hospital Arrival Time | By: Union Co. EMS/Life Force

Report By: SrTpr. R. B. Daniel, #443 | Department: GSP - Post 27 | Report Date: 10-20-01 | Checked By: 342 | Date Checked: 10/30/01

Witness (es): Name | Address | City | State | Zip Code | Telephone No.

DPS RECORDS NUMBER (DO NOT WRITE This SPACE)

Driver 2

Driver #: | Last Name | First | Middle | Address | City | State | Zip | DOB | Driver's License No. | Class | State | Male ☐ Female ☐ | Posted Speed | Insurance Co. | Policy No. | Year | Make | Model | Telephone No. | VIN | Vehicle Color | Tag # | State | County | Year | Trailer Tag # | State | County | Year | ☐ Same as Driver | Owner's Last Name | First | Middle | Address | City | State | Zip | Removed By | ☐ Request ☐ Tow

Alcohol Test | Type | Results | Drug Test | Type | Results

Driver Condition | Direction of Travel | Vision Obscured | Contributing Factors

Vehicle Condition | Vehicle Maneuver | Pedestrian Maneuver

Most Harmful Event | Vehicle Class | Vehicle Type

Traffic Control | Device Inoperative ? | ☐ Yes ☐ No

Carrier Main

Vehicle #: | Address | City | State | Zip

Number of Axles | G.V.W.R. | Fed. Reportable 1. ☐ Yes 2. ☐ No | Cargo Body Type

Vehicle Config. | I.C.C.M.C. # | U.S. D.O.T. # | Intrastate ☐ Interstate ☐

C.D.L. ? 1 ☐ Yes 2 ☐ No | C.D.L. Suspended ? 1 ☐ Yes 2 ☐ No

Vehicle Placarded ? 1 ☐ Yes 2 ☐ No | Hazardous Materials ? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Bar: | Released ? 1 ☐ Yes 2 ☐ No

1 Digit Number from Bottom of Diamond:

___ Ran off Road | ___ Down Hill Runaway | ___ Jackknife | ___ Separation of Units

Carrier Name

Vehicle #: | Address | City | State | Zip

Number of Axles | G.V.W.R. | Fed. Reportable 1. ☐ Yes 2. ☐ No | Cargo Body Type

Vehicle Config. | I.C.C.M.C. # | U.S. D.O.T. # | Intrastate ☐ Interstate ☐

C.D.L. ? 1 ☐ Yes 2 ☐ No | C.D.L. Suspended ? 1 ☐ Yes 2 ☐ No

Vehicle Placarded ? 1 ☐ Yes 2 ☐ No | Hazardous Materials ? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Bar: | Released ? 1 ☐ Yes 2 ☐ No

1 Digit Number from Bottom of Diamond:

___ Ran off Road | ___ Down Hill Runaway | ___ Cargo Loss Or Shift | ___ Separation of Units

[redacted]

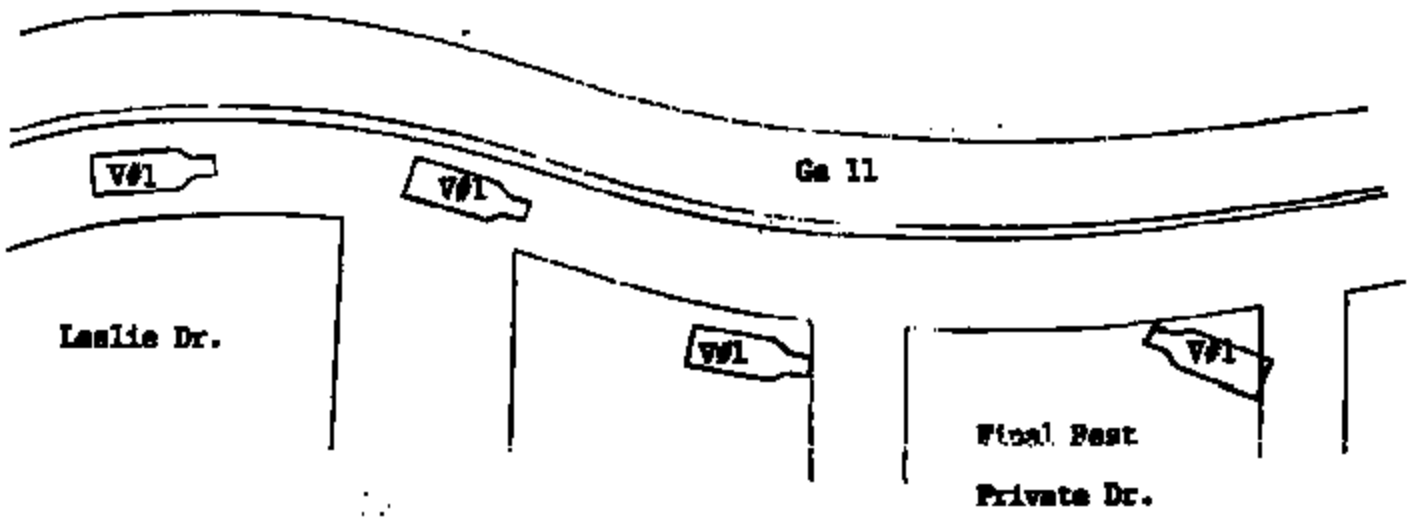
REMARKS

Vehicle #1 was traveling north on GA #11. Driver of vehicle #1 lost control and struck a driveway embankment on the east shoulder of GA #11. Vehicle #1 came to rest in the east shoulder of GA #11 facing south. Further investigation is being conducted by the GSP Specialized Collision Reconstruction Team #1.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH

Diagram Not To Scale



Accident Investigation Site ? ☐ Yes ☒ No	CITATIONS - VEHICLE # 1	CITATIONS - VEHICLE #
Site Number :		

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character
39	1	1	1	8	6	3	2	1	8

	VEH. # 1	VEH. #
Number of Occupants	2	
Point Of Initial Contact	12	
Damage To Vehicles	4	

SKID DISTANCE BEFORE IMPACT — VEH. 1 — VEH. — AFTER — VEH. 1 — VEH. — WIDTH OF ROAD

Damage Other Than Vehicle: Driveway, Yard and Mailbox — Owner: Bobby Trust and Brent Souther

Occupants

DRIVER # — Or Pedestrian # — DRIVER # — Or Pedestrian #

Last Name	First	Address	City	State	Zip	Age	Sex	VEH NO.	Pos.	Injury	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	CONTRIC	AIR BAG
Anderson,	Jody	4845 Anderson Road	Maysville,	GA	30558	31	M	1	-	2	1	3	6	2	2
Williams,	Darrigh	63 Andrew Narrow Road	Murphy,	NC	28906	21	M	1	-	1	1	3	6	2	2