



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 ☐

DEC 24 11:14 AM '03
11-NOV-2003 13

Reference No.
10045989

OWNER INFORMATION (Type or Print)

Name

Address

City TYLER

State TX

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 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNEC13T91R

Make

CHEVROLET

Model

TAHOE

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

150000 SEAT BELTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-AUG-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

The Model (Name or Number)

The Size (Example P215/65R15)

DOT No. (Example: DOTM19A8C036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

The Component Code

The 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

3

N

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 AUGUST 3, 2003, CHRISTOPHER MOFFETT, AUDREY MOFFETT AND THEIR TWIN DAUGHTERS, MACKENZIE MOFFETT AND MALLORY MOFFETT, WERE INVOLVED IN A MOTOR VEHICLE ROLLOVER ACCIDENT WHILE TRAVELING IN THEIR 2001 CHEVROLET TAHOE. MACKENZIE AND HER SISTER, MALLORY, WERE SECURELY BUCKLED INTO THEIR CHILD SAFETY SEATS WHICH WERE FASTENED INTO THE BACKSEAT OF THE TAHOE WITH SEATBELTS. FORENSIC EVIDENCE INDICATES THAT THE SEATBELT SECURING MACKENZIE'S CHILD SAFETY SEAT RELEASED DURING THE ROLLOVER COLLISION. MACKENZIE'S CHILD SAFETY SEAT WAS EJECTED FROM THE TAHOE. AS A RESULT OF THE INJURIES SHE SUSTAINED, MACKENZIE PASSED AWAY SEVERAL DAYS AFTER THE ACCIDENT. FORENSIC EVIDENCE INDICATES THAT THE SEATBELTS OF CHRISTOPHER AND AUDREY ALSO RELEASED DURING THE ROLLOVER COLLISION. BOTH WERE EJECTED AND DIED AUGUST 3, 2003 AS A RESULT OF THE INJURIES THEY SUSTAINED IN SAID ACCIDENT. *AK

update Repository

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, or a statistical summary thereof, may be used in support of the agency's action.

FATALITY

FILE COPY - NOT FROM CUSTODIAL FILES

TEXAS PEACE OFFICER'S ACCIDENT REPORT

ST-4 (REV. 10-95)

MAIL TO: ACCIDENT RECORDS, TEXAS DEPT.

OF PUBLIC SAFETY, PO BOX 1067, AUSTIN TX 78763-0601

PLACE WHERE ACCIDENT OCCURRED		COUNTY VAN ZANDT		CITY OR TOWN		LOG NO.	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INCREASE DISTANCE FROM NEAREST TOWN		2.0 MILES		☐ NORTH ☐ EAST ☐ WEST ☐ SOUTH SHOW ONLY IF OUTSIDE CITY LIMITS City or Town		DO NOT WRITE IN THIS SPACE	
ROAD ON WHICH ACCIDENT OCCURRED		TX 64		CONSTR. ☐ YES ☒ NO ZONE ☐ YES ☒ NO		LDD	
INTERSECTING STREET OR RR # AND NUMBER		0.7		CONSTR. ☐ YES ☒ NO ZONE ☐ YES ☒ NO		CODE	
NOT AT INTERSECTION		☐ FT ☐ MI ☐ IN ☐ YD ☐ N ☐ S ☐ E ☐ W		VZCR 4120 649		SIGNATURE DATE	
DATE OF ACCIDENT		August 3, 03		DAY OF WEEK		Sunday	
				HOUR		4:47	

UNIT NO. 1 - MOTOR VEHICLE		VEH IDENT NO		1GNEC13T91R		IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY	
YEAR		2001		COLOR & MAKE		Champion Chev	
MODEL		Tahoe		BODY STYLE		4 door	
DRIVER'S NAME		Hallsville, TX		LICENSE PLATE		04 TX	
DRIVER'S LICENSE		TX		CLASS TYPE		C	
DOB		07/18/70		RACE		W	
SEX		M		OCCUPATION		Manager	
SPECIMEN TAKEN (ALCOHOL / DRUG ANALYSIS)		4		ALCOHOL / DRUG ANALYSIS RESULT		N/A	
PEACE OFFICER, ERM DRIVER, PREPARED ON EMERGENCY?				YES		NO	
LIABILITY		YES		Allstate Indemnity Co.		VEHICLE DAMAGE RATING	
INSURANCE		NO				3-R&T-4	

UNIT NO. 2 - MOTOR VEHICLE		VEH IDENT NO		IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY	
YEAR		COLOR & MAKE		MODEL	
DRIVER'S NAME		BODY STYLE		LICENSE PLATE	
DRIVER'S LICENSE		DOB		RACE	
SEX		OCCUPATION		PEACE OFFICER, ERM DRIVER, PREPARED ON EMERGENCY?	
SPECIMEN TAKEN (ALCOHOL / DRUG ANALYSIS)		4		ALCOHOL / DRUG ANALYSIS RESULT	
LIABILITY		YES		Allstate Indemnity Co.	
INSURANCE		NO			

DAMAGE TO PROPERTY OTHER THAN VEHICLES		None	
LIGHT CONDITION		1	
WEATHER		1	
SURFACE CONDITION		1	
TYPE ROAD SURFACE		1	
DESCRIBE ROAD CONDITIONS INVESTIGATOR'S OPINION			

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$100.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?		YES		NO	
CHARGES FILED		None		CHARGE	
NAME		CITATION NUMBER			
NAME		CITATION NUMBER			
TIME NOTIFIED OF ACCIDENT		08/03/03		4:49 P.M. NOW	
TYPED OR PRINTED NAME OF INVESTIGATOR		Kenneth Richbourg		DATE REPORT MADE	
SIGNATURE OF INVESTIGATOR		R.M. 9603		DEPARTMENT	
		DPS/THP		DIST. / AREA	
		188			

[illegible]

DISPATCH NUMBER, CALLER AND DIALING			IF AMBULANCE USED, SHOW		
ITEM NUMBER	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTEMPTS BY DRIVER
3	Children's Hospital - Dallas, TX	Air One	4:50P	5:19P	3
4	Mother Frances Hospital - Tyler, TX	Champion	4:49P	4:54P	3





































