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

2003 DEC 24 AM 11-NOV-2003 13

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
	Reference No. 10045989

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
City TYLER	State TX	Zip Code [redacted]	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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GNEC13T91R[redacted]	CHEVROLET	TAHOE	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 ☐ Cruise Control	Powertrain	Vehicle Component Code: 150000 SEAT BELTS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
03-AUG-2003			

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: DOTHAL9ABC036)	☐ 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		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 MOFFEIT, AUDREY MOFFIET AND THEIR TWIN DAUGHTERS, MACKENZI MOFFIET AMD MALLORY MOFFEIT, 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 MACKENZI'S CHILD SAFETY SEAT RELEASED DURING THE ROLLOVER COLLISION. MACKENZI'S CHILD SAFETY SEAT WAS EJECTED FROM THE TAHOE. AS A RESULT OF THE INJURIES SHE SUSTAINED, MACKENZI 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

wp date Repository

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

FATALITY

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (E 1/90) — FILE COPY - NOT FROM CUSTODIAL FILES

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0001

PLACE WHERE ACCIDENT OCCURRED

COUNTY: VAN ZANDT — CITY OR TOWN:

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: 2.0 MILES [ ] NORTH [ ] S [x] E [ ] W OF Canton

ROAD ON WHICH ACCIDENT OCCURRED: TX 64 — CONSTR. ZONE [ ] YES [x] NO — SPEED LIMIT 70

INTERSECTING STREET OR RR X'ING NUMBER: — CONSTR. ZONE [ ] YES [ ] NO — SPEED LIMIT

NOT AT INTERSECTION: 0.7 [ ] FT. [x] MI. [ ] N [ ] S [x] E [ ] W OF VZCR 4120 — 649

DATE OF ACCIDENT: August 3, 19 03 — DAY OF WEEK: Sunday — HOUR: 4:47 [ ] A.M. [x] P.M.

DO NOT WRITE IN THIS SPACE	DPS NO.
LOC. NO.	
LOG	
CODE	
SEVERITY	
FAT. REC.	
CR. REC.	

UNIT NO. 1 - MOTOR VEHICLE

VEH IDENT NO: 1GNEC13T91R174808

YEAR MODEL: 2001 — COLOR & MAKE: Champagne Chevy — MODEL NAME: Tahoe — BODY STYLE: 4 door — LICENSE PLATE: 04 TX [redacted]

DRIVER'S NAME: [redacted] — ADDRESS: [redacted] Hallsville, TX [redacted] — PHONE NUMBER: [redacted]

DRIVER'S LICENSE: TX [redacted] 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, EMS DRIVER, FIREFIGHTER ON EMERGENCY? [ ] YES [ ] NO

LESSEE [ ] OWNER [x]: Same as above

LIABILITY INSURANCE [x] YES [ ] NO: Allstate Indemnity Co. — POLICY NUMBER: [redacted] — VEHICLE DAMAGE RATING: 3-R&T-4

UNIT NO. 2

MOTOR VEHICLE [ ] TRAIN [ ] PEDALCYCLIST [ ] TOWED [ ] PEDESTRIAN [ ] OTHER [ ]

VEH IDENT NO:

YEAR MODEL: — COLOR & MAKE: — MODEL NAME: — BODY STYLE: — LICENSE PLATE:

DRIVER'S NAME: — PHONE NUMBER:

DRIVER'S LICENSE: — DOB: — RACE: — SEX: — OCCUPATION:

SPECIMEN TAKEN (ALCOHOL / DRUG ANALYSIS): [ ] — ALCOHOL / DRUG ANALYSIS RESULT: — PEACE OFFICER, EMS DRIVER, FIREFIGHTER ON EMERGENCY? [ ] YES [ ] NO

LESSEE [ ] OWNER [ ]

LIABILITY INSURANCE [ ] YES [ ] NO — VEHICLE DAMAGE RATING:

DAMAGE TO PROPERTY OTHER THAN VEHICLES: None

LIGHT CONDITION	WEATHER	SURFACE CONDITION	TYPE ROAD SURFACE	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1	1	1	1	
1-DAYLIGHT, 2-DAWN, 3-DARK-NOT LIGHTED, 4-DARK-LIGHTED, 5-DUSK	1-CLEAR / CLOUDY, 2-RAINING, 3-SNOWING, 4-FOG, 5-BLOWING DUST, 6-SMOKE, 7-SLEETING, 8-HIGH WINDS, 9-OTHER	1-DRY, 2-WET, 3-MUDDY, 4-SNOWY / ICY, 5-OTHER	1-BLACKTOP, 2-CONCRETE, 3-GRAVEL, 4-SHELL, 5-DIRT, 6-OTHER	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $1000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? [x] YES [ ] NO

CHARGES FILED

NAME: None — CHARGE: — CITATION NUMBER:

NAME: — CHARGE: — CITATION NUMBER:

TIME NOTIFIED OF ACCIDENT: 08/03/03 4:49 P.M. — HOW: Van Zandt Co. S.O. — TIME ARRIVED AT SCENE OF ACCIDENT: 08/03/03 4:54 P.M.

TYPED OR PRINTED NAME OF INVESTIGATOR: Kenneth Richbourg — DATE REPORT MADE: 08/03/03 — IS REPORT COMPLETE [x] YES [ ] NO

SIGNATURE OF INVESTIGATOR: [signature] — ID NO. 9603 — DEPARTMENT: DPS/THP — DIST. / AREA: 1B8

UNIT NO. 1

DAMAGE RATING: 3-R&T-4

TOWED DUE TO DAMAGE: ☒ YES ☐ NO

VEHICLE REMOVED TO: Canton

BY: Chick's Wrecker

Seq. No.	OCCUPANTS POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT									
2	RF	[redacted]	[redacted] Hallsville, TX [redacted]	N	Y	N	N	-	33	M	K
3	RR	[redacted]	[redacted] Hallsville, TX [redacted]	N	Y	N	N	-	30	F	K
4	LR	[redacted]	[redacted] Hallsville, TX [redacted]	N	Y	C	N	-	2	F	K
5			[redacted] Hallsville, TX [redacted]	N	N	C	N	-	2	F	B

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)

DAMAGE RATING:

TOWED DUE TO DAMAGE: ☐ YES ☐ NO

VEHICLE REMOVED TO:

BY:

Seq. No.	OCCUPANTS POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)								
6	DRIVER	SEE FRONT									
7											
8											
9											
10											

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE)	[illegible]	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED

ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
1	Eubank Funeral Home - Canton	Eubank	6:00P	6:40P	2
2	East Texas Medical Center - Tyler	CareFlight	5:00P	5:28P	3

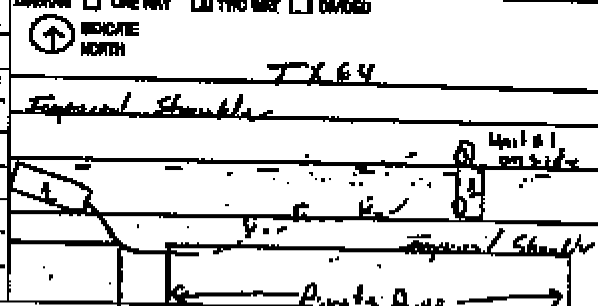
COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH
1	8/3/03	5:55PM	2	8/3/03	6:15PM	3	8/9/03	2:30PM

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Unit #1 was traveling EB on TX64 and had slowed to allow vehicle in front to turn right off of TX64. Unit #1 was passed by a white Ford Mustang, which reportedly "flipped off" the driver of Unit #1. After passing Unit #1, the Mustang briefly hit its brakes. It was reported by a witness behind Unit #1 that the Mustang may have hit its brakes again and that Unit #1 was following too closely. Unit #1 applied the brakes and steered right and then over-corrected left. Unit #1 began a counter-clockwise skid. Unit #1 overturned approximately 3 times before coming to rest on its right side. Occupants #1, #2 & #3 were ejected. The Mustang continued east on TX64.

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ DIVIDED — INDICATE NORTH



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS / CONDITIONS CONTRIBUTING

	1	2	3
UNIT 1	44	41	-
UNIT 2			

OTHER FACTORS / CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

	1	2
UNIT 1	73	-
UNIT 2		

TRAFFIC CONTROL: 9

1. Animal on road - domestic
2. Animal on road - wild
3. Backed without safety
4. Changed lane when unsafe
5. Defective or no headlamps
6. Defective or no stop lamps
7. Defective or no tail lamps
8. Defective or no turn signal lamps
9. Defective or no trailer brakes
10. Defective or no vehicle brakes
11. Defective steering mechanism
12. Defective or slick tires
13. Defective trailer hitch
14. Disabled in traffic lane
15. Disregard stop and go signal
16. Disregard stop sign or light
17. Disregard turn marks at intersection
18. Disregard warning sign at construction
19. Distraction in vehicle
20. Driver inattention
21. Drove without headlights
22. Failed to control speed
23. Failed to drive in single lane
24. Failed to drive in half of roadway
25. Failed to heed warning sign
26. Failed to pass to left safely
27. Failed to pass to right safely
28. Failed to signal or gave wrong signal
29. Failed to stop at proper place
30. Failed to stop for school bus
31. Failed to stop for train
32. Failed to yield ROW - emergency vehicle
33. Failed to yield ROW - open intersection
34. Failed to yield ROW - private drive
35. Failed to yield ROW - stop sign
36. Failed to yield ROW - to pedestrian
37. Failed to yield ROW - turning left
38. Failed to yield ROW - turn on red
39. Failed to yield ROW - yield sign
40. Fatigued or asleep
41. Faulty evasive action
42. Fire in vehicle
43. Fleeing or evading police
44. Followed too closely
45. Had been drinking
46. Handicapped driver (explain in narrative)
47. Ill (explain in narrative)
48. Impaired visibility (explain in narrative)
49. Improper start from parked position
50. Load not secured
51. Opened door into traffic lane
52. Oversize vehicle or load
53. Overtake and pass insufficient clearance
54. Parked and fail to set brakes
55. Parked in traffic lane
56. Parked without lights
57. Passed in no-passing zone
58. Passed on right shoulder
59. Pedestrian failed to yield ROW to vehicle
60. Speeding - unsafe (under limit)
61. Speeding - over limit
62. Taking medication (explain in narrative)
63. Turned improperly - cut corner on left
64. Turned improperly - wide right
65. Turned improperly - wrong lane
66. Turned when unsafe
67. Under influence - alcohol
68. Under influence - drug
69. Wrong side - approach or in intersection
70. Wrong side - not passing
71. Wrong way - one way road
72. [illegible]
73. Road rage
74. Other factor (write on line below)

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBER	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
3	Children's Hospital - Dallas, TX	Air One	4:59P	5:19P	3
4	Mother Frances Hospital - Tyler, TX	Champion	4:49P	4:54P	3