



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 335

Date Received
2004 APR -1 AM 11: 49
30-OCT-2003

Repository
Reference No.
10046089

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CELINA State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] Email Address [REDACTED]
Fax 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, please provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/11/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GTEK19R5NR [REDACTED] Make GMC Model SIERRA Model Year 1998

Date Purchased 9-17-1999 Dealer's Name and Telephone Number Tom NL Buick GMC Engine: No. Cylinders Fuel Type:
Original Owner Dealer's City Lima State OH Zip Code [REDACTED]

Transmission Type 4L60E Antilock Brakes Powertrain 5.7 Motor Vehicle Component Code 140000 AIR BAGS
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-SEP-1999 - 02-17-2004
Failure Mileage 72000 Failure Speed 45

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: DOTM1AL8ABC036) Original Equipment Prior Repair Failure Location:
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 accident, failure(s), condition, and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 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; i.e. parts repaired or replaced (and if old part is available).

~~WHILE TRAVELING AT 45 MPH CONSUMER REAR ENDED ANOTHER VEHICLE THAT CROSSED A RED LIGHT. UPON IMPACT, NONE OF THE AIR BAGS DEPLOYED. CONSUMER SUFFERED A BROKEN DISK IN BACK. -AM-~~

While Traveling A 45 MPH Consumer Consumer Struck Another Vehicle that turned in front of Him. UPON Impact none of the Air Bags Deployed. Consumer suffered 8 ruptured Disc in Back.

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

The Privacy Act of 1974 - Public Law 93-578 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.

Narrative

Unit #1 was traveling North bound on Ft Amando Rd. Unit #2 was South bound, entering the turn lane. Unit #2 lost control, sliding on the wet pavement, Unit #2 traveled across the centerline and into Unit #1 path of travel. Unit #1 and #2 collided in the intersection of Ft Amando and Berkeley Rds.

- 6**
1. Any Collapsed Downfall
 2. Any Vertical Curve
 3. Roadway
 4. Roadway
 5. Roadway
 6. Roadway
 7. Roadway
 8. Roadway
 9. Roadway

- 1**
- 1 No
 - 2 Yes, Roadway
 - 3 Yes, Roadway
 - 4 Other

- 04**
- 01 Clear
 - 02 Cloudy
 - 03 Fog, Smoke, Mist
 - 04 Rain
 - 05 Snow, Ice, Sleet, Freezing Rain
 - 06 Snow
 - 07 Heavy Overcast
 - 08 Heavy Rain, Ice, Fog
 - 09 Other
 - 10 Unknown

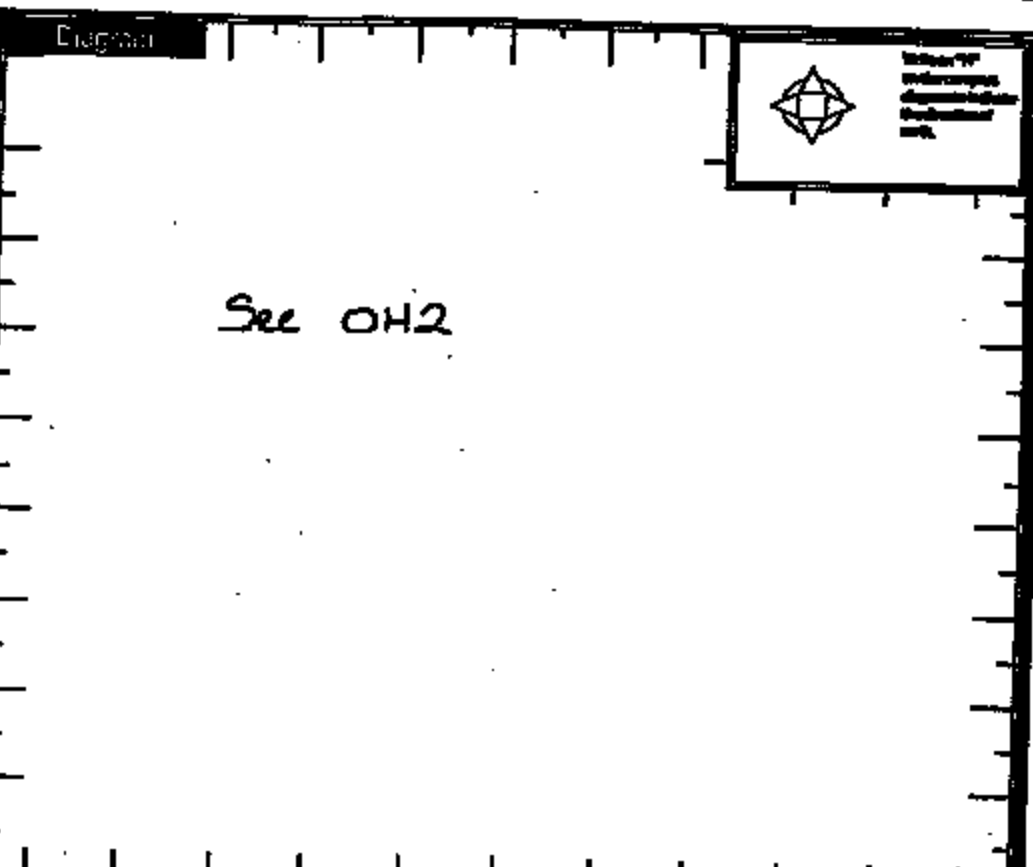
- 1**
- 1 No
 - 2 Yes
 - 3 Other

- 2**
1. Roadway
 2. Roadway
 3. Roadway
 4. Roadway
 5. Roadway
 6. Roadway
 7. Roadway
 8. Roadway
 9. Roadway

- 1**
1. Lane
 2. Lane
 3. Lane
 4. Lane
 5. Lane
 6. Lane
 7. Lane
 8. Lane
 9. Lane

- 1**
1. Roadway
 2. Roadway
 3. Roadway
 4. Roadway
 5. Roadway
 6. Roadway
 7. Roadway
 8. Roadway
 9. Roadway

- 1**
- 1 No
 - 2 Yes
 - 3 Other



- 00**
- 01
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 - 09
 - 10

Truck/Bus

For CHASE DEVELOPMENT use one or more of the following:
 A. Vehicle (owner) with a CHASE logo, with 10,000 lbs. or more; or
 B. Vehicle (owner) with a CHASE logo, with 10,000 lbs. or more; or
 C. A vehicle (owner) with a CHASE logo, with 10,000 lbs. or more; or
 D. A vehicle (owner) with a CHASE logo, with 10,000 lbs. or more; or

Smith Boughan Inc. 410-991-8040
 777 S Copus Rd Lima, OH 45805

WEIGHT (LBS)	CLASS	PLATE	REGISTRATION	SALES TAX
2	5	1	1	1

Police Action

Case # 2172001 0729 0730 0731 0803 40 75

Officer: J.A. Hartman 160

Dispatch: JW

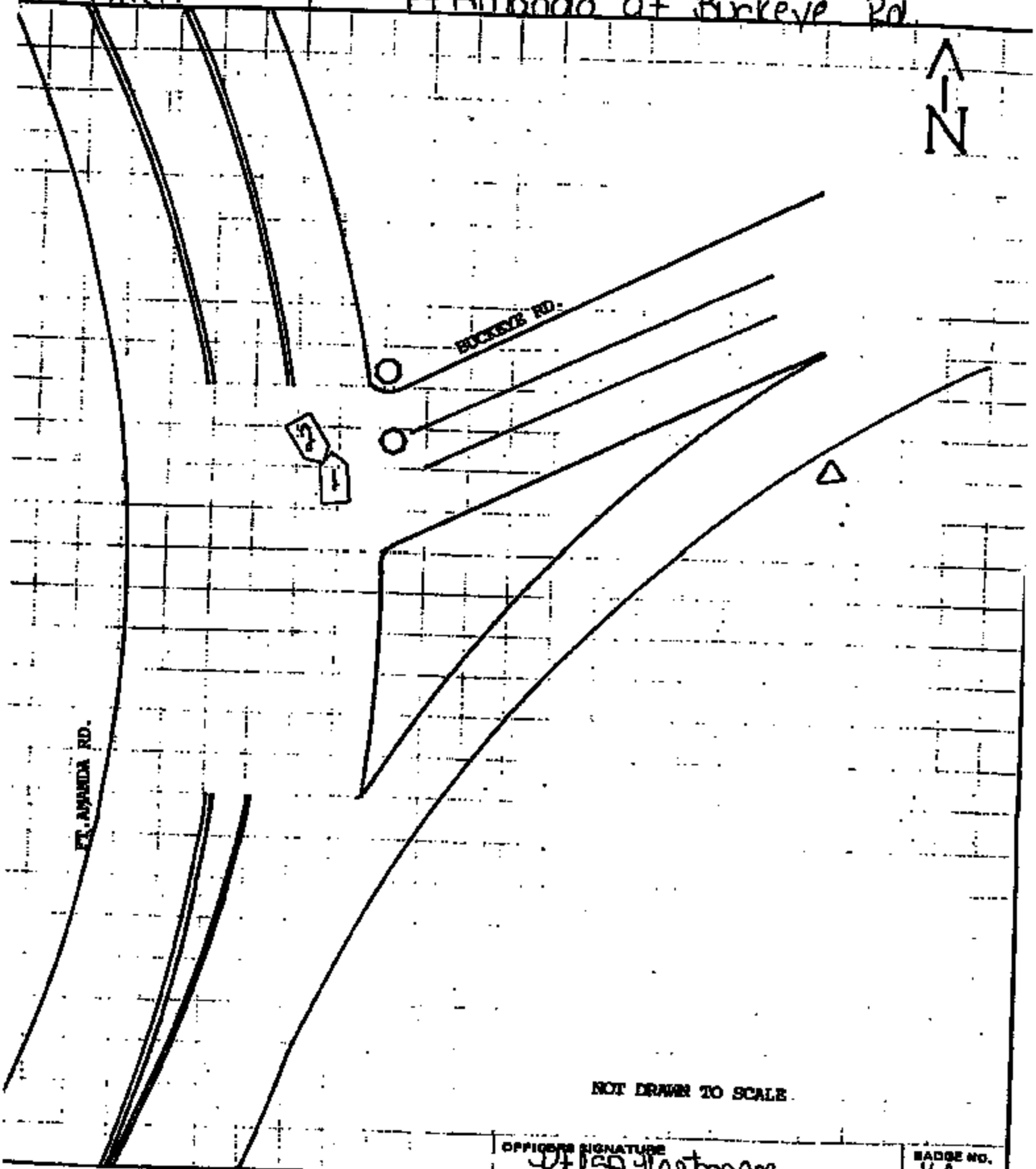
Plate: 2172001

Local Report # A01224

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER A0224	REPORTING AGENCY Shawnee Twp P.D.	DATE OF ACCIDENT 12/17/01
IN COUNTY OF Allen	ACCIDENT LOCATION Ft Amando at Burkeye Rd.	



NOT DRAWN TO SCALE.

OFFICER'S SIGNATURE PUSA Hartman	BADGE NO. 160
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To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.