



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 1367

Date Received
2003 DEC -4 PM 4:47
05-NOV-2003

Repository
Reference No.
10046385

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City LANSDALE State PA Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]
E-mail Address [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 [Redacted] Date 11/18/2003

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1V1SK52852Z [Redacted]
Make CHEVROLET Model PRIZM L SX 4 Door Model Year 1998

Date Purchased Feb 28, 2002 Dealer's Name and Telephone Number HARRIS of DSMobile (215) 368-8500
Original Owner Dealer's City 1151 N Broad St Lansdale State Pa Zip Code 19446
Engine: No: Cylinders 4 Fuel Type: Reg Unleaded

Transmission Type [Redacted] Antilock Brakes Powertrain
 Cruise Control Vehicle Component Code 141000 AIR BAGS:FRONTAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Feb 20, 2003 Failure Mileage 61000 Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM1A8BC036) 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:
Seat Type: [Redacted] Installation System:
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

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

Crash Yes No Fire Yes No
Number of Persons Injured 1 Number of Deaths 0 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 DRIVING ON I-76 ROADS VEHICLE WAS REAR ENDED. VEHICLE WAS PUSHED ONTO AN EMBANKMENT, AND HIT A TREE. DRIVER'S SIDE SEAT BELT FAILED TO RESTRAIN. ALSO, UPON IMPACT, FRONTAL AIR BAGS FAILED TO DEPLOY. DRIVER'S HEAD WENT THROUGH THE WINDSHIELD, AND CHEST HIT THE STEERING WHEEL. DRIVER SUSTAINED SPINAL/FACIAL, AND HEAD INJURIES. VEHICLE WAS INSPECTED, IT WAS NOTED THAT FRONTAL AIR BAG SENSORS HAD BEEN DAMAGED IN THE CRASH. *AK

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

my daughter was driving on Causarth Rd a photo driver was at gate courtly
Fail to stop at stop sign roads were icing up hit Rear Passenger side
she up onto godshell went head on into tree up small embankment
Seat belt did not lock up airbags did not delopped she hit steering
wheel with chest and head into windshield. Scaring on windshield
from her head steering wheel broken for chest. she had facial
Fractures repaired by sursey concounion to headl bruises on
hand are legs Neck and back injuries was flown by med-vac
to trauma unit in Phila. Pa. Mahamman Unavily. Car was totaled
is now sitting in junk yard in New Jersey. Police Report is
not correct in some parts pictures are inculed with this report.
GMS has been notified they tell me the car did want it so ^{source} to do
Spoke to Lura Vincent-1500-231-1841 ext 58263

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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Administration
http://www.nhtsa.gov



COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

(XX) REFER TO OVERLAY SHEETS

REPORTABLE NON-REPORTABLE

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER	20030228MS265	Ref #	03-24	20. COUNTY	MONTGOMERY	CODE	46
2. AGENCY NAME	FRANCONIA TOWNSHIP POLICE			21. MUNICIPALITY	FRANCONIA TOWNSHIP CODE 203		
3. STATION/PRECINCT	FRANCONIA TOWNSHIP P.D.	4. PATROL ZONE	1	PRINCIPAL ROADWAY INFORMATION			
5. INVESTIGATOR	Sgt. JEFFREY C. COWER	BADGE NUMBER	05				
6. APPROVED BY	OFF. ALBERT W. GESULLO	BADGE NUMBER	04	22. ROUTE NO. OR STREET NAME	LOWER RD	(SR 1012)	
7. INVESTIGATION DATE	03/20/2003	8. ARRIVAL TIME	20:10	23. SPEED LIMIT	40	24. TYPE HIGHWAY	0
ACCIDENT INFORMATION				25. ROUTE NO. OR STREET NAME		26. ACCESS CONTROL	1
9. ACCIDENT DATE	03/20/2003	10. DAY OF WEEK	THURSDAY	INTERSECTING ROAD:			
11. TIME OF DAY	20:06	12. NUMBER UNITS	1	27. SPEED LIMIT		28. TYPE HIGHWAY	
13. # KILLED	0	14. # INJURED	1	IF NOT AT INTERSECTION:			
15. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?		16. PRIV. PROP. ACCIDENT		29. CROSS STREET OR SEGMENT MARKER	COWEATH RD (TWP RD)		
UNIT 1	UNIT 2	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	31. DIRECTION FROM SITE	N [S] E W	32. DISTANCE FROM SITE	200 FT. ML
Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	0-NONE UNIT 1	3	33. DISTANCE WAS	MEASURED <input type="checkbox"/>	ESTIMATED <input checked="" type="checkbox"/>	
1- LIGHT		2-MODERATE		34. CONSTRUCTION ZONE	0	35. TRAFFIC CONTROL DEVICE	0
3- SEVERE		UNIT 2		PRINCIPAL INTERSECTING			
18. HAZARDOUS MATERIALS	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	19. PENNDOT PROPERTY	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	UNIT # 2			
36. LEGALLY PARKED?	Y <input type="checkbox"/> N <input type="checkbox"/>	37. REG. PLATE		38. STATE	PA	39. LEGALLY PARKED?	Y <input type="checkbox"/> N <input type="checkbox"/>
39. PA TITLE OR OUT-OF-STATE VIN	52620484902			40. OWNER		41. OWNER ADDRESS	
40. OWNER				42. CITY, STATE & ZIPCODE	LANSDALE PA		
41. OWNER ADDRESS				43. YEAR	1999	44. MAKE	CHEVROLET
42. CITY, STATE & ZIPCODE				45. MODEL - (NOT BODY TYPE)	PRI 2.0		
43. YEAR	1999	44. MAKE	CHEVROLET	46. INS.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	47. BODY TYPE	02
45. MODEL - (NOT BODY TYPE)				48. SPECIAL USAGE	00	49. VEHICLE OWNERSHIP	02
46. INS.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	47. BODY TYPE	02	50. INITIAL IMPACT POINT	12	51. VEHICLE STATUS	0
48. SPECIAL USAGE	00	49. VEHICLE OWNERSHIP	02	52. TRAVEL SPEED	35	53. VEHICLE GRADIENT	2
50. INITIAL IMPACT POINT	12	51. VEHICLE STATUS	0	54. DRIVER PRESENCE	1	55. DRIVER CONDITION	1
52. TRAVEL SPEED	35	53. VEHICLE GRADIENT	2	56. DRIVER NUMBER		57. STATE	PA
54. DRIVER PRESENCE	1	55. DRIVER CONDITION	1	58. DRIVER NAME		59. DRIVER ADDRESS	
56. DRIVER NUMBER		57. STATE	PA	60. CITY, STATE & ZIPCODE	LANSDALE PA		
58. DRIVER NAME		59. DRIVER ADDRESS		61. SEX		62. DATE OF BIRTH	/ /
60. CITY, STATE & ZIPCODE				63. PHONE		64. COMM. VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	65. DRIVER CLASS
61. SEX		62. DATE OF BIRTH	/ /	67. CARRIER		68. CARRIER ADDRESS	
63. PHONE		64. COMM. VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	65. DRIVER CLASS	69. CITY, STATE & ZIPCODE			
64. COMM. VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	65. DRIVER CLASS	67. CARRIER		70. USDOT #		71. ICC #	
67. CARRIER		68. CARRIER ADDRESS		72. VEH. CONFIG		73. CARGO BODY TYPE	
69. CITY, STATE & ZIPCODE				74. GVWR		75. NO. OF AXLES	
70. USDOT #		71. ICC #		76. RELEASE OF HAZMAT	Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	77. HAZARDOUS MATERIALS	
72. VEH. CONFIG		73. CARGO BODY TYPE		78. HAZARDOUS MATERIALS		79. NO. OF AXLES	
74. GVWR		75. NO. OF AXLES		77. RELEASE OF HAZMAT	Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	78. HAZARDOUS MATERIALS	

(80) PEOPLE INFORMATION

A	B	C	D	E	F	G	NAME	ADDRESS	H	I	J	K	L	M
1	1	F	18	3	9	2	[REDACTED] MT. VERNON ST LANEDALE PA [REDACTED]		3	99	8	C	5	2

(81) ILLUMINATION 4 (82) WEATHER 0
 (83) ROAD SURFACE 1

84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)

85. DESCRIPTION OF DAMAGED PROPERTY
 PLASTIC SHOULDER POST & MARKER

OWNER: VERDODT
 ADDRESS:
 MORRISTOWN
 PHONE:

86. NARRATIVE - IDENTIFY PRECIPITATION EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS. LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.

Unit #1 is North on Cowpath Road near the Y-type intersection of Lower Road. The roadways were mostly dry and no indications of weather, which attributed to this crash.

Operator of Unit #1 appears to have entered onto Lower road from Cowpath Road and up the hill. Unit #1 crosses over the center lines, across the Southbound lane of Lower Road and impacts a large tree head on. Investigating Officer did not observe any tire markings prior to impact, on the road surface.

Operator of Unit #1 was flown by helicopter to a Trauma facility in Philadelphia. At this time, Police have not received a statement from the driver.

Unit #1 was towed by Hayes Auto Body tow truck to their facility.

INSURANCE INFORMATION	COMPANY	INSURANCE INFORMATION	COMPANY
UNIT 1	NATIONWIDE INSURANCE	UNIT 2	
POLICY NO		POLICY NO	
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	

89. VIOLATIONS INDICATED

UNIT 1	CARELESS DRIVING	90. SECTION NUMBERS (ONLY IF CHANGED)	TC	NTC
UNIT 2				

(91) PROBABLE USE: UNIT 1: 0
 (92) TYPE TEST: UNIT 1: 0
 (93) RESULTS: UNIT 1: 0.0000 %
 (94) PROBABLE USE: UNIT 2: [REDACTED]
 (95) TYPE TEST: UNIT 2: [REDACTED]
 (96) RESULTS: UNIT 2: 0.0000 %
 (97) INVESTIGATION COMPLETE? YES NO









