



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 1368

Date Received  
PM 3:18  
14-NOV-2003

Repository   
Reference No.  
10047876

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: PEORIA State: AZ Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]  
Evening Telephone Number: 503.716.1433  
E-mail Address: [REDACTED]

Do you authorize NHTSA to contact you or the manufacturer of your vehicle?  
In the absence of a signature, you will be deemed to have authorized NHTSA to provide your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 12/7/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN) Located at top of or below windshield on driver's side: 1GNDX13E0 [REDACTED]  
Make: CHEVROLET Model: VENTURE WB Model Year: 2001  
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: SANDS CHEVROLET  
Original Owner:  Dealer's City: PEORIA GLENDALE State: AZ Zip Code: [REDACTED]  
Transmission Type: Auto Antilock Brakes:  Powertrain: [REDACTED] Vehicle Component Code: 141000 AIR BAGS:FRONTAL  
Cruise Control:  Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 14-NOV-2003  
Failure Mileage: 25635  
Failure Speed: 30

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: DOTMALSABC036): [REDACTED] Original Equipment Prior Repair:  Failure Location: [REDACTED]  
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 incident, failure(s), condition, and interval.)

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 30 MPH VEHICLE WAS INVOLVED IN A HEAD ON COLLISION. UPON IMPACT, DRIVERS SIDE AND PASSENGERS SIDE AIR BAGS DID NOT DEPLOY. CONSUMER SUSTAINED A FRACTURED STERNUM AND WAS HOSPITALIZED. Van was also hit by a second vehicle from the rear. The ~~left~~ right tail light area sustained severe damage. Our insurance company has declared the van a total loss.

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 factual summary thereof, may be used in support of the agency's action.

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

A Vehicle Traveling Westbound on Adams Ave. Turned a Sharp Right Median and Struck the Side of a Van Causing Severe Damage to Van. (Structural Damage). Both Air Bags Did Not Deploy - Occupant Suffered Fracture Sternum, Ankle, Knee Contusions.

PHOTO'S ENCLOSED

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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 MAIL 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  
ON

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4238**

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety Administration  
<http://www.nhtsa.dot.gov/odiv>

POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 044.206 S. 17th AVENUE, PHOENIX, ARIZONA 85007 - 3233	REPORT BY				Agency Report Number
	YEAR MONTH DAY	HOUR	NCIC NO.	OFFICER ID NO.	03 135829 Page 1 of 4
	03 11 13	0804	0713	10863	

Total Units: 4 Total Injuries: 0 Total Fatalities: 0 Estimated Total Damage Compared to Limit? Over / Under: 0.00  
 Fatal: 0 Hit & Run: 0 Gov't Prop.: 0 Persons Transported to Immediate Medical Care? 0 Vehicle Towed: X District/Ord No.: 000  
 On Highway/Rd/Sc: FEDERALAY Pvt. Prop.: 0 Insider/Outside: 0 City: GLENDALE County: MARICOPA  
 Av/From: 2 Intersecting Rd/Sc: SLAY Direction: W Distance: 0.3 Measure/Approx: A MV/Ft: 1

TRAFFIC UNIT NO.: 001  
 State: Class: Endorse: ID# - DL / SSN / Both Driver Type: Name: Sex: Injury:  
 AZ 0 NO [REDACTED] 0 L-DRIVER [REDACTED] E 01  
 Restrictions: Date of Birth Address: City: State: Zip Code: Phone No:  
 NONE [REDACTED] GLENDALE AZ [REDACTED] [REDACTED]  
 Plate No. State / Year Reg Driver / Owner - Carrier Name: Address:  
 [REDACTED] AZ 70004 X [REDACTED] [REDACTED]  
 City: GLENDALE State: AZ Zip Code: [REDACTED]  
 Body Style: Bus? Make: Vehicle Color Code: Year: Vehicle VIN: Safety Device Code:  
 ACCORD N HONDA GRN 2000 JHMC656117 [REDACTED] 1  
 Removed to: Disabled? Removed by: Order of: Posted Speed: 000  
 1402 S. 25 AVE Y WESTERN TOWING OWNER OFFR Est.Speed:  
 Insurance Company: Telephone Number: Policy Number: Effective Date: Expiration Date:  
 TRAVELERS INS. CO. (602) 924-9978 [REDACTED] 12-1-02 12-1-02  
 Trailer (Other State / Year: Description of Trailer or Other Unit: G.V.W. (Reg) of HazMat 4 - Digit 1 - Digit Was HazMat  
 Unit) Plate No.: P.U. > 10K lbs.: Placard?: Code: Code: Cargo Released?

TRAFFIC UNIT NO.: 002  
 State: Class: Endorse: ID# - DL / SSN / Both Driver Type: Name: Sex: Injury:  
 AZ 0 NO [REDACTED] 0 L-DRIVER [REDACTED] E 01  
 Restrictions: Date of Birth Address: City: State: Zip Code: Phone No:  
 A [REDACTED] PEORIA AZ [REDACTED] [REDACTED]  
 Plate No. State / Year Reg Driver / Owner - Carrier Name: Address:  
 [REDACTED] AZ 50004 Y [REDACTED] [REDACTED]  
 City: PEORIA State: AZ Zip Code: [REDACTED]  
 Body Style: Bus? Make: Vehicle Color Code: Year: Vehicle VIN: Safety Device Code:  
 VENTURE N CHEV BCD 2001 1GNDK12020 [REDACTED] 1  
 Removed to: Disabled? Removed by: Order of: Posted Speed: 000  
 1402 S. 25 AVE Y WESTERN TOWING OWNER OFFR Est.Speed:  
 Insurance Company: Telephone Number: Policy Number: Effective Date: Expiration Date:  
 STATE FARM (623) 994-2000 [REDACTED] 5-15-02 11-15-02  
 Trailer (Other State / Year: Description of Trailer or Other Unit: G.V.W. (Reg) of HazMat 4 - Digit 1 - Digit Was HazMat  
 Unit) Plate No.: P.U. > 10K lbs.: Placard?: Code: Code: Cargo Released?

POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 6648 2ND S. 170 AVENUE PHOENIX, ARIZONA 85077-3213	REPORT BY				Agency Report Number	
	YEAR MONTH DAY	HOUR	NCTC NO.	OFFICER ID NO.	03 135829	
	03 11 13	0804	0713	10863	Page 2 of 4	

TRAFFIC UNIT NO.: 003

State: **AZ** Class: **G** Endorse: **NO** ID# - DL / SSN / Both: **[REDACTED]** Driver Type: **B 1-DRIVER** Name: **[REDACTED]** Sex: **M** Injury: **01**

Restrictions: **A** Date of Birth: **[REDACTED]** Address: **[REDACTED]** City: **PHOENIX** State: **AZ** Zip Code: **05145** Phone No.: **[REDACTED]**

Plate No.: **[REDACTED]** State / Year Reg: **AZ 2/2005** Driver ? / Owner - Carrier Name: **N [REDACTED]** Address: **[REDACTED]**

City: **CHANDLER** State: **AZ** Zip Code: **[REDACTED]**

Body Style: **CAMARO** Bus? Make: **N CHEV** Vehicle Color Code: **RED** Year: **1987** Vehicle VIN: **1G1FF2181 [REDACTED]** Safety Device Code: **2**

Removed to: **14215 HAYE** Disabled ? / Removed by: **Y WESTERN TOWING** Order of: **OWNER** Posted Speed: **88** Offer Est. Speed:

Insurance Company: **PROGRESSIVE** Telephone Number: **(602) 776-6727** Policy Number: **[REDACTED]** Effective Date: **1-1-03** Expiration Date: **2-1-05**

Trailer (Other Unit) Plate No.: State / Year: Description of Trailer or Other Unit: G.V.W. (Reg.) of HazMat: 4 - Digit | - Digit Was HazMat P.U. > 10K lbs.: Placard?: Code: Code: Cargo Released?

TRAFFIC UNIT NO.: 004

State: **AZ** Class: **B** Endorse: **NO** ID# - DL / SSN / Both: **[REDACTED]** Driver Type: **B 1-DRIVER** Name: **[REDACTED]** Sex: **M** Injury: **01**

Restrictions: **A** Date of Birth: **[REDACTED]** Address: **[REDACTED]** City: **PHOENIX** State: **AZ** Zip Code: **[REDACTED]** Phone No.: **[REDACTED]**

Plate No.: **[REDACTED]** State / Year Reg: **AZ 12/1992** Driver ? / Owner - Carrier Name: **Y [REDACTED]** Address: **[REDACTED]**

City: **PHOENIX** State: **AZ** Zip Code: **[REDACTED]**

Body Style: **LEGANZA** Bus? Make: **N DAEW** Vehicle Color Code: **BL** Year: **1992** Vehicle VIN: **KLAVAM241 [REDACTED]** Safety Device Code: **1**

Removed to: **N/A** Disabled ? / Removed by: **N** Order of: **[REDACTED]** Posted Speed: **88** Offer Est. Speed:

Insurance Company: **METLIFE** Telephone Number: **(602) 486-8963** Policy Number: **[REDACTED]** Effective Date: **11-3-02** Expiration Date: **8-30-04**

Trailer (Other Unit) Plate No.: State / Year: Description of Trailer or Other Unit: G.V.W. (Reg.) of HazMat: 4 - Digit | - Digit Was HazMat P.U. > 10K lbs.: Placard?: Code: Code: Cargo Released?

POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 664R 204 S. 17th AVENUE PHOENIX, ARIZONA 85007 - 3333	REPORT ID			Agency Report Number	
	YEAR MONTH DAY	HOUR	NCIC NO.	OFFICER ID NO.	03 135829
03 11 13	0804	0713	10863	Page 3 of 4	

**PASSENGERS**

**PASSENGER**  
 Unit #: Seat Pos: SD: Name: [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
 City: GLENDALE State: AZ Zip Code: [REDACTED] Age: 32 Sex: M Injury: 01

**WITNESSES**

**WITNESS**  
 Name: [REDACTED] Address: [REDACTED] City: TUCSON  
 State: AZ Zip Code: [REDACTED] Phone No.: [REDACTED] Age: 32

Photos Taken? Y/N: Photo ID No./ Agency: Invest. at Scene? Y/N g  
 Investigator Date/Time: 11/13/2003 0804 Officer No / Name: 10863 [REDACTED] Date Completed: 11/13/2003

POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 6648 204 S. 17th AVENUE, PHOENIX, ARIZONA 85007 - 2333	REPORT ID					Agency Report Number <b>03 135829</b> Page 4 of 4
	YEAR MONTH DAY <b>03 11 13</b>	HOUR <b>0804</b>	NCIC NO. <b>0713</b>	OFFICER ID NO. <b>10863</b>		

11 - Skidding Occurred		12 - Citations		14 - Unit Prior Action		15 - Manner of Collision	
Unit No.	Skidding (Y/N)?	Unit No.	ARS Criminal Code	Unit No.	Action / Direction	SI	HEAD-TR
1	N	1	28-726A.J	1	N		
2	N			2	N		
3	N			3	N		
4	N			4	N		

13 - Describe what happened?  
 Vehicle 1 was travelling west on Parris Ave at 46 Ave. Vehicle 2 entered the roadway at 46 Ave, causing Vehicle 1 to swerve to avoid collision with vehicle 2. Vehicle 1 then struck a sign in the corner median. After striking the sign, vehicle 1 collided with vehicle 3 which was in the left turn lane. Vehicle 2 then was pushed into vehicle 3 which was travelling east on Parris Ave. Vehicle 3 then was forced into the Number 2 lane from the Number 1 lane and struck Vehicle 4 which was confined on Parris Ave in the Number 2 lane.  
 Injured taken to / by:  
 N/A

16 - Light Condition		17 - Weather Condition	18 - Rd. Surface Type
SI DAYLIGHT	1 Streetlight? Y 2 Functioning? N	SI CLOUDY	SI ASPHALT
19 - Type of Location		20 - Intersection	21 - Special Location
SI NON-FUNCTION AREA		Related: N	N/A

22 - Damaged Road Condition	23 - Traffic Control Devices
N/A	1 - Device Operational 2 - Damaged or Non-functional Traffic Device Code / Description

24 - Non Intersection Road Character	25 - Road Grade	26 - Road Surface Condition
SI L-WAY, RAISED-MEDIAN	SI LEVEL	SI WET

27 - Conditions Involving Driver		28 - Violations and Behavior	
Unit No.	Physical Condition Code / Descr	Unit No.	Violation Behavior Code / Description
1	1 NO APPARENT DEFECTS	1	11 OTHER
2	1 NO APPARENT DEFECTS	2	1 NO IMPROPER DRIVING
3	1 NO APPARENT DEFECTS	3	1 NO IMPROPER DRIVING
4	1 NO APPARENT DEFECTS	4	1 NO IMPROPER DRIVING

29 - Vehicle Condition		30 - Traffic Unit Action	
Unit No.	Vehicle Condition Code / Description	Unit No.	Unit Action Code / Description
1	1 NO APPARENT DEFECTS	1	13 AVOIDING VEHICLE OBJECT, PEDESTRIAN
2	1 NO APPARENT DEFECTS	2	2 SLOWING IN TRAFFICWAY
3	1 NO APPARENT DEFECTS	3	1 GOING STRAIGHT AHEAD
4	1 NO APPARENT DEFECTS	4	1 GOING STRAIGHT AHEAD

31 - Vision Obscurement		32 - Direction of Travel	
Unit No.	Obscure Vision Code / Description	Unit No.	Travel Direction
1	1 NOT OBSCURED	1	W
2	1 NOT OBSCURED	2	E
3	1 NOT OBSCURED	3	E
4	1 NOT OBSCURED	4	E

ALB03  
12/01/2003

**GLENDALE POLICE DEPARTMENT  
STATEMENT OF CONTINUATION**

Page Number: 001

Report Type: REPORT CORRECTION

Entry Date: 11/26/2003

Report#: 03 135829 Officer#: 10863 JOHNSON, BRIAN

Narrative#: 1

**Narrative**

In the synopsis of this report, I made a typographical error. In the first sentence, I listed vehicle #2 as vehicle #3. This should be corrected. Vehicle #1 came across the median and struck Vehicle #2 head on, not vehicle #3.

11/25/2003

-NFI

\*\*\* End of Report \*\*\*

Case Name: Traffic Collision

D.R.# 03-135828

Agency: Glendale Police Dept.

Location: 6600 W. Peoria Ave

Drawn By: B. Johnson #10683

Date: 11/13/2003

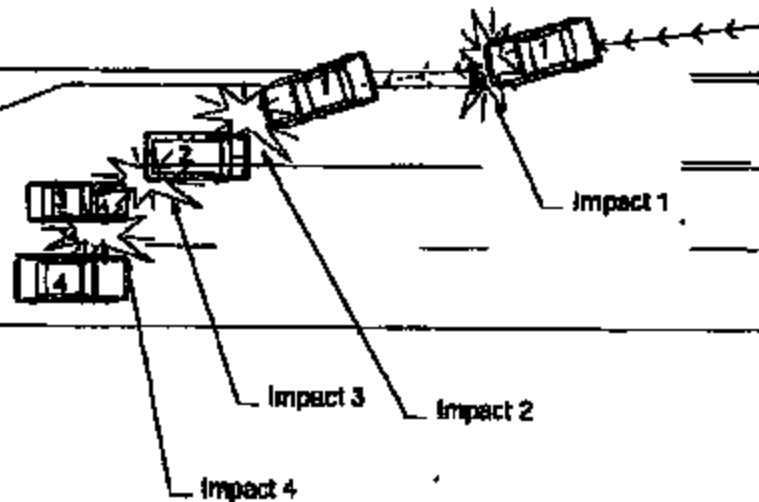
Time: 0604 Hours

Scale: Not Scaled



**6600 W. Peoria Ave**

RP=Fire Hydrant



**Measurements**

- AI 1: 53°02" S/04°09" E
- AI 2: 57°10" S/54°04" W
- AI 3: 68°06" S/68°06" W
- AI 4: 77°00" S/70°00" W

