



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 100145

Date Received 2004 JAN 15 5 AM 8:45  
19-NOV-2003  
Repository   
Reference No. 10048314

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City DAHLONEGA State GA 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 a written objection, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 1/11/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side [Redacted]  
Make KIA Model SPECTRA Model Year 2003  
Date Purchased 1/17/03 Dealer's Name and Telephone Number KIA Mall of Georgia  
Original Dealer Dealer's City Buford State GA Zip Code 30519 Engine: No. Cylinders 4 Fuel Type: unleaded  
Transmission Type automatic Antilock Brakes  Cruise Control  Powertrain yes 1.6 liter  
Vehicle Component Code 141000 AIR BAGS:FRONTAL  
Multiple Failures: 1 YES

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 17-NOV-2003 Failure Mileage 24000 Failure Speed approx 50

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: DOTM19ABC096)  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(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(s), (2) failure and its consequences, and (3) what was done to correct the failure(s) i.e. parts repaired or replaced (and if old part is available).


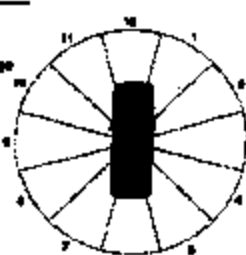
WHILE DRIVING AT 70 MPH VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. THE DUAL AIRBAGS DID NOT DEPLOY. DRIVER SUSTAINED INJURIES, AND VEHICLE WAS TOTALED. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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.

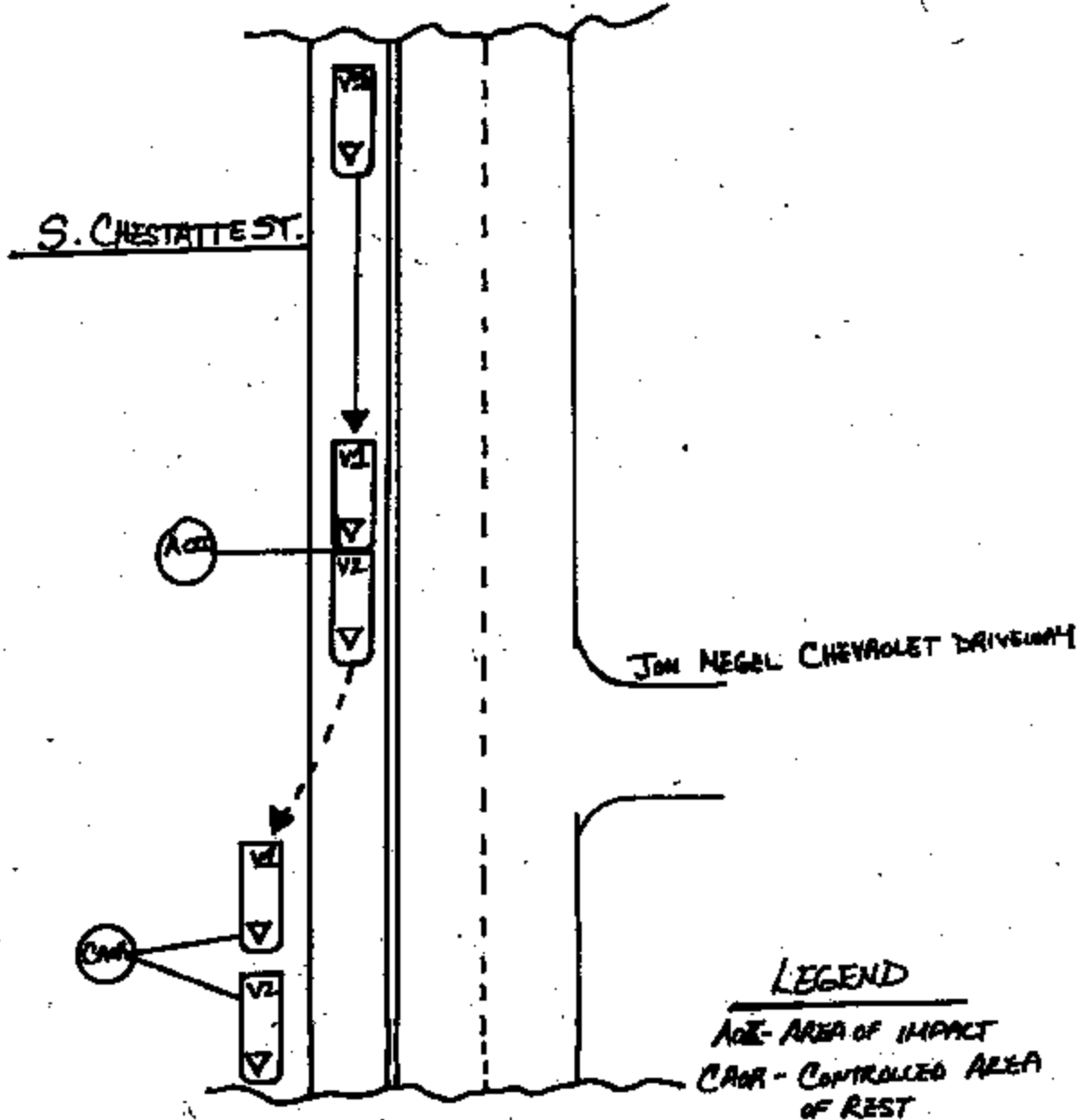
Accident Number 0511180	Agency NCIC No GA063000	GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County LUMPKIN	Date Rec. By DPS
Date 11/17/2003	Day Of Week Sun Mon Tue Wed Thu Fri Sat	Time 0728	Off. Arrived 0738	Total Number Of Vehicles Injured 2 0	Facilities 0	Inside City Of DAHLONEGA
Road Of Occurrence S CHESTATEE ST	At Its Intersection 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. With 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St.				Corrected Report Yes <input type="checkbox"/> Suppl. To Original Yes <input type="checkbox"/>	
Not At Its Intersection But .1	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West		Of CROWN MTN RD 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. 5 Co. Line			
And Continuing In the Direction Check Above The Next Reference Point Is	DEER RUN RD 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. 5 Co. Line					

Driver # 1	Last Name	First	Middle	Driver # 2	Last Name	First	Middle
Address				Address			
City	State	Zip	DOB	City	State	Zip	DOB
DAHLONEGA	GA			HIFAM	GA		
Drivers License No.	Class	State	Sex	Drivers License No.	Class	State	Sex
	C	GA	Female		C	GA	Female
Posted Speed	Insurance Co.	Policy No.		Posted Speed	Insurance Co.	Policy No.	
45	GA FARM BUREAU			45	ASSURANCE AMERICA		
Year	Make	Model	Telephone No.	Year	Make	Model	Telephone No.
2003	KIA	SPECTRA		2001	FORD	RANGER XLT	4044062634
VIN	Vehicle Color			VIN	Vehicle Color		
KNAFB1814S	BLK			1FT4R14X5Y	WHITE		
Tag #	State	County	Year	Tag #	State	County	Year
	GA	LUMPKIN	2004		GA	LUMPKIN	2004
Trailer Tag #	State	County	Year	Trailer Tag #	State	County	Year
<input type="checkbox"/> Same Owner's Last Name First Middle	Address			<input checked="" type="checkbox"/> Same Owner's Last Name First Middle	Address		
City	State	Zip		City	State	Zip	
DAHLONEGA	GA						
Removed By HARDIN BROS TOWING	Request	X List		Removed By DRIVER	Request	List	
Alcohol Test 2	Type	Results	Drug Test 2	Type	Results		
1	Direction of Travel	2	Vision Obscured	1	Contributing Factors		
1	Vehicle Condition	3		1			
1	Vehicle Condition	4		1			
Most Harmful Event 11	Vehicle Class 1	Vehicle Type 1		Most Harmful Event 11	Vehicle Class 1	Vehicle Type 2	
Traffic Control 6	Device Inoperative? N			Traffic Control 6	Device Inoperative? N		

injured Taken To	By	EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken: Y	By: 721/POWELL
Reported By: MURPHY/DAVID PRINCE I	Department: LCRO	Report Date: 11/17/2003	Checked By: MICHAEL RAMSEY	Date Checked: 11/18/2003		

<b>TRAFFIC-WAY FLOW</b> 1 Two-way Traffic With No Physical Separation 2 Two-way Traffic With A Physical Separation 3 Two-way Traffic With A Physical Barrier 4 One-way Traffic	<b>WEATHER</b> 1 Clear 2 Mist 3 Cloudy 4 Fog 5 Rain 6 Snow	<b>ROAD SURFACE CONDITION</b> 1 Dry 2 Wet 3 Snowy	<b>LIGHT CONDITION</b> 1 Daylight 2 Dusk 3 Dark	<b>NUMBER OF COLLISION</b> 1 Single 2 Head On 3 Rear End 4 Side-By-Side Same Direction 5 Side-By-Side Opposite Direction 6 Not A Collision With A Motor Vehicle	<b>LOCATION AT AREA OF IMPACT</b> 1 On Roadway 2 On Shoulder 3 Off Roadway 4 Median 5 Ramp 6 Guard	<b>ROAD COMPOSITION</b> 1 Concrete 2 Asphalt 3 Tar And Gravel 4 Dirt 5 Gravel 6 Other	<b>CONTRIBUTING ROAD DEFECTS</b> 1 No Defects 2 Defective Signage 3 Hole, Deep Pits, Ramps 4 Loose Material On Surface 5 Water Standing 6 Road Under Construction 7 Running Water 8 Other	<b>ROAD CHARACTER</b> 1 Straight And Level 2 Bendy On Grade 3 Straight On Hillcrest 4 Curve And Level 5 Curve On Grade 6 Curve On Hillcrest	<b>DAMAGE TO VEHICLE</b> 1 None 2 Slight 3 Moderate 4 Extensive 5 Fire Present	<b>AGE</b> 00 - Up To One Year 01 - By Actual Age 99 - Unknown	<b>SEX</b> M - Male F - Female	<b>EMERGENCY DEPT</b> 0 Not Called 1 Called 2 Not Needed 3 Needed 4 Complete	<b>TAKEN FOR TREATMENT</b> 1-Yes 2-No <b>EJECTION</b> 1 Not Ejected 2 Ejected 3 Totally Ejected 4 Partially Ejected	<b>SAFETY EQUIPMENT</b> 0 None Used 1 Shoulder Belt 2 Lap Belt 3 Lap And Shoulder Belt 4 Child Safety Seat (Properly Used) 5 Child Safety Seat (Improperly Used) 6 Motorcycle Helmet 7 Bicycle Helmet 8 Unknown	<b>EXTINGUISHING EQUIPMENT USED</b> 1 - Yes 2 - No	<b>AIR BAG FUNCTION</b> 0 No Air Bag In Vehicle 1 Deployed Air Bag 2 Non-Deployed Air Bag	<b>SEATBELT POSITION</b> (Use "T" for Pedestrian) 	<b>POINTS OF INITIAL CONTACT</b> 08 Overturned 13 Top 14 Undercarriage 
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LEGEND  
 Acc - AREA OF IMPACT  
 CAR - CONTROLLED AREA OF REST  
 - - - - -> DIRECTION OF TRAVEL AFTER IMPACT  
 - - - - -> DIRECTION OF TRAVEL BEFORE IMPACT