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

2004 FEB 19 PM 12:37

FOR AGENCY USE ONLY 100145	
Date Received 22-DEC-2003	Repository ☐
	Reference No. 10051928

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City LUBBOCK	State TX	Zip Code [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 _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	DODGE	DURANGO	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-DEC-2003	38000	35	

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: DOTMALSABC036)	☐ 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	0	0	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 AT 35 MPH VEHICLE WAS INVOLVED IN A COLLISION. UPON IMPACT, DUAL AIRBAGS DID NOT DEPLOY. NO INJURIES WERE REPORTED. *AK

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

AS PEACE OFFICER'S ACCIDENT REPORT ST-3 (Rev. 9/1/01) MAIL TO: ACCIDENT RECORDS, TEXAS DEPT. SAFETY, PO BOX 4087, AUSTIN, TX 78773-0350

PLACE WHERE ACCIDENT OCCURRED

COUNTY LUBBOCK CITY OR TOWN LUBBOCK (SHOW ONLY IF INSIDE CITY LIMITS)

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ____ MILES ☐ NORTH ☐ S ☐ E ☐ W OF ____ CITY OR TOWN

LOC. 03-516-71

DO NOT WRITE IN THIS SPACE: LOC. ____ CODE ____ SEVERITY ____ FAT. REC. ____ DR. REC. ____

DPS NO.

ROAD ON WHICH ACCIDENT OCCURRED 2900 (BLOCK NUMBER) SLIDE RD (STREET OR ROAD NAME) ____ (ROUTE NUMBER OR STREET CODE) CONSTR. ZONE ☐ YES ☐ NO SPEED LIMIT 40

INTERSECTING STREET AND NUMBER 5100 (BLOCK NUMBER) 29TH ST. (STREET OR ROAD NAME) ____ (ROUTE NUMBER OR STREET CODE) CONSTR. ZONE ☐ YES ☐ NO SPEED LIMIT 35

INTERSECTION ☐ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W OF ____ (KNOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, KNOW NEAREST INTERSECTING STREET OR REFERENCE POINT.)

ACCIDENT 12-19 (DAY) 03 (YR) DAY OF WEEK FRIDAY HOUR 1:55 ☐ A.M. ☒ P.M. (IF EXACTLY NOON OR MIDNIGHT, SO STATE)

MOTOR VEHICLE

VEHICLE IDENT. NO. 1Q87F2N123181 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____

492 (YEAR) COLOR & MAKE RED/CHEV MODEL NAME CAMARO BODY STYLE 2DR LICENSE PLATE [redacted] (YEAR, STATE, NUMBER)

DRIVER'S NAME [redacted] (LAST, FIRST, MIDDLE) [redacted] LUBB. TX (ADDRESS (STREET, CITY, STATE, ZIP)) PHONE NUMBER [redacted]

DRIVER'S LICENSE NONE (STATE) ____ (NUMBER) ____ (CLASS/TYPE) DOB [redacted] (MO, DAY, YEAR) RACE W SEX M OCCUPATION STUDENT

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT N/A PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO

OWNER [redacted] (NAME (LAST, FIRST, MIDDLE) IF LEASED, OTHERWISE SHOW OWNER) LUBB. TX [redacted] (ADDRESS (STREET, CITY, STATE, ZIP))

LIABILITY INSURANCE ☒ YES ☐ NO [redacted] (INSURANCE COMPANY NAME) [redacted] (POLICY NUMBER) VEHICLE DAMAGE RATING FD-3

MOTOR VEHICLE

☒ MOTOR VEHICLE ☐ TRAIN ☐ PEDALCYCLIST ☐ TOWED ☐ PEDESTRIAN ☐ OTHER

VEHICLE IDENT. NO. 1B4HS28N1IF536010 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____

YEAR MODEL 2001 COLOR & MAKE GRY/DODGE MODEL NAME DURANGO BODY STYLE 4DR LICENSE PLATE [redacted] (YEAR, STATE, NUMBER)

DRIVER'S NAME [redacted] (LAST, FIRST, MIDDLE) LUBBOCK, TX (ADDRESS (STREET, CITY, STATE, ZIP)) PHONE NUMBER [redacted]

DRIVER'S LICENSE [redacted] (STATE) ____ (NUMBER) ____ (CLASS/TYPE) B DOB [redacted] (MO, DAY, YEAR) RACE W SEX M OCCUPATION RETIRED

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT N/A PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO

LESSEE ☐ OWNER ☒ Sam C (NAME (LAST, FIRST, MIDDLE) IF LEASED, OTHERWISE SHOW OWNER) ____ (ADDRESS (STREET, CITY, STATE, ZIP))

LIABILITY INSURANCE ☒ YES ☐ NO MID CENTURY INS. (INSURANCE COMPANY NAME) [redacted] (POLICY NUMBER) VEHICLE DAMAGE RATING FD-3

DAMAGE TO PROPERTY OTHER THAN VEHICLES

____ (OWNER) ____ (NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OTHER) ____ (FEET FROM CURB) $ ____ (DAMAGE ESTIMATE)

LIGHT CONDITION [1]	WEATHER [1]	SURFACE CONDITION [1]	TYPE ROAD SURFACE [1]	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
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 ____	SMOOTH

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGED NAME [redacted] CHARGE FAIL TO YIELD R.O.W./LEFT TURN NO D.L. / NO F.R. CITATION NUMBER [redacted]

NAME ____ CHARGE ____ CITATION NUMBER ____

TIME NOTIFIED OF ACCIDENT 12-18-03 (DATE) 1355 P.M. (HOW) POLICE RADIO TIME ARRIVED AT SCENE OF ACCIDENT 12-18-03 (DATE) 1355 P.M. (HOUR)

TYPED OR PRINTED NAME OF INVESTIGATOR J. Hutson DATE REPORT MADE 12-18-03 IS REPORT COMPLETE ☒ YES ☐ NO

SIGNATURE OF INVESTIGATOR J Hutson ID NO. 140 DEPARTMENT LUBBOCK P.D. DIST/AREA ____

SOLICITATION (SOL)	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	(COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS OFFERING PROFESSIONAL EMPLOYMENT ADVICE AN ATTORNEY, CONTRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON MONITORED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y-O.K. TO SOLICIT N-DO NOT SOLICIT	A-SAFETY BELT & SHOULDER STRAP B-SAFETY BELT & NO SHOULDER STRAP C-CHILD RESTRAINT D-SHOULDER STRAP ONLY E-NONE	T-DEPLOYED N-NO DEPLOYMENT U-UNKNOWN IF DEPLOYED	1-WORN-DAMAGED 2-WORN-NOT DAMAGED 3-WORN-UNK IF DAMAGED 4-NOT WORN 5-UNKNOWN IF WORN	K-KILLED A-INCAPACITATING INJURY B-NON-INCAPACITATING E-POSSIBLE INJURY N-NOT INJURED	1-BREATH 2-BLOOD 3-OTHER 4-NONE 9-REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING FRO-3	☐ YES ☒ NO	LEFT AT SCENE BY OWNER

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
DRIVER	SEE FRONT		–	N	A	N	–	15	M	
FR	[redacted]	SAME	–	N	A	N	–	41	M	
BR		SAME	–	N	B	N		UK	F	

UNIT NO. 2 (COMPLETE ONLY IF MORE THAN 1 MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING FO-3	☐ YES ☒ NO	LEFT AT SCENE BY OWNER

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX
DRIVER	SEE FRONT	SAME	–	N	A	N	–	59	M

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST, ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIFIED USED	RESULT	HELMET	AGE

DISPOSITION OF KILLED AND/OR INJURED

ITEM NUMBERS	NAME(S)	BY	IF AMBULANCE USED, SHOW TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATT. INJURED
2	REFUSED AT SCENE		1355	1403	Three

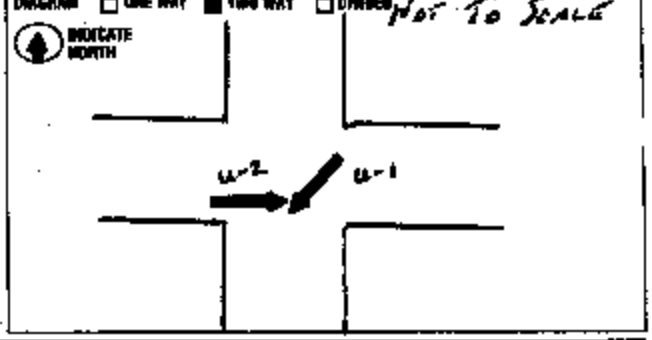
COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

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

U-1 TRAVELING WEST BOUND ON THE 5100 BLOCK OF 29TH ST. U-2 TRAVELING EAST BOUND ON THE 5200 BLOCK OF 29TH. U-1 FAILED TO YIELD RIGHT OF WAY TURNING LEFT AT GREEN LIGHT CAUSING U-2 TO STRIKE U-1.

DIAGRAM ☐ ONE WAY ■ TWO WAY ☐ DIVIDED Not To Scale



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING	1	2	3
UNIT 1	37	—	—
UNIT 2	—	—	—

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	1	2
UNIT 1	—	—
UNIT 2	—	—

TRAFFIC CONTROL

0-NO CONTROL OR INOPERATIVE	5-TURN MARKER	10-NO PASSING ZONE
1-OFFICER OR FLAGMAN	6-WARNING SIGN	11-OTHER CONTROL: 7
2-STOP AND GO SIGNAL	7-RR GATES OR SIGNALS	
3-STOP SIGN	8-YIELD SIGN	
4-FLASHING RED LIGHT	9-CENTER STRIPE OR DIVIDER	

1. ANIMAL ON ROAD - DOMESTIC
2. ANIMAL ON ROAD - WILD
3. BACKED WITHOUT SAFETY
4. CHANGED LANE WHEN UNSAFE
5. DEFECTIVE OR NO HEADLIGHTS
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 BLOWN TIRES
13. DEFECTIVE TRAILER HITCH
14. DRAWLED IN TRAFFIC LANE
15. DISREGARD STOP AND GO SIGNAL
16. DISREGARD STOP SIGN OR LIGHT
17. DISREGARD TURN SIGNALS AT INTERSECTION
18. DISREGARD WARNING SIGN AT CONSTRUCTION
19. OBSTRUCTION IN VEHICLE
20. DRIVER INATTENTION
21. DRIVER WITHOUT HEADLIGHTS
22. FAILED TO CONTROL SPEED
23. FAILED TO DRIVE IN SINGLE LANE
24. FAILED TO GIVE RACE 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 MADE 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 - PARKED 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 PASSIVE ACTION
42. FIRE OR TERRACE
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. IMPROPER 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. PEDESTRIAN AND PEDALCYCLIST CLEARANCE
54. PARKED AND FAILED TO SET BRAKES
55. PARKED IN TRAFFIC LANE
56. PARKED WITHOUT LIGHTS
57. PARKED IN NO PARKING ZONE
58. PASSED ON RIGHT SHOULDER
59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60. SPEEDING - PRIVATE (MARKED LIMIT)
61. SPEEDING - OVER LIMIT
62. TAKING MEDICATIONS (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. OTHER IMPROPER - (CELLULOSIC PARKED VEH.)
73. ROAD RAGE
74. OTHER FACTOR (WRITE OR LINE BELOW)