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 MAR 17 AM 11:20

FOR AGENCY USE ONLY 1367	
Date Received 23-JAN-2004	Repository ☐
	Reference No. 10055731

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City ROCHESTER	State MN	Zip Code	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an a… your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 2/4/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KMHDN45D5[redacted]	HYUNDAI	ELANTRA	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
June 2001	Adamson Motors (507)289-4004			4	Unleaded
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control		140000 AIR BAGS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-JAN-2004			

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	1	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).

THE VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 30 MPH IN WHICH THE VEHICLE WAS ALSO HIT ON BOTH SIDES BY ANOTHER MOTORIST. NONE OF THE AIR BAGS DEPLOYED UPON IMPACT. AS A RESULT THE DRIVER SUSTAINED INJURIES TO HER NECK, HEAD, SHOULDER AND HIP. *JB

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

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

On January 20 2004 at approximately 4:30 p.m. I was eastbound on Civic Center Drive in the left lane. Upon approaching the 10th Avenue intersection a Dodge pickup truck failed to yield to oncoming traffic, turned ahead of me, hitting the left front of my car. Slid down my side (driver side) of my car, pushed me into the right lane where the right side of my vehicle was struck by a Dodge Intrepid twice (after initial strike the Intrepid did a 360 and struck me again). I was wearing my seatbelt; however, the impact of the crash caused me to slide into the door, breaking the door panel with my hip/thigh, and hit my head on the car door window. Injuries from impact include: Whiplash of the right and left side of neck; sore/torn muscles and tissues of neck and shoulders; sore sternum; bruised shoulder, breast, hip, thigh, and wrist; and severe headaches. I also injured my left ankle from kicking the passenger (front) door open to get out of the car. I believe my airbags malfunctioned in not deploying upon frontal and side impacts of my vehicle.

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

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

US Department of Transportation
National Highway Traffic Safety Administration

PS-32003-01

STATE OF MINNESOTA – DEPARTMENT OF PUBLIC SAFETY
MOTOR VEHICLE ACCIDENT REPORT

FOR DPS USE ONLY: 4052602

Local Case No.	Amended	Hit-Run	Pub Prop	Vehicles	Killed	Injured	E MN	Month	Date	Year	Day	Military Time
04-005206	N	N	N	3	0	3	Y	01	20	04	TUE	2133

Route System	Route Number or Street Name	County No.	City/Twp	At Intersection With: Route Sys	Route #, Street, Corp Limit, or Feature
USTH	USTH 14	55	3235	LS	6 AVE NW

Unit 1

Factor 1	Position	Driver License Number 1	State	Class	DL Status
2	1	[redacted]	MN	D	99

Factor 2: –
Driver: 6
Physcl: 1
Name: [redacted]
City, State, Zip: ROCHESTER, MN [redacted]
DR Vio / Restrict: Y 2
Recomd: 1
Air Bag: 99 · Safe Eqpt: 4, 1 · Eject: 5 · Inj Sev: C · Alcohol Test: N · Drug: N · To Hosp: Y
Transport: Other · Ambulance Service: –

Occup: 1 · Veh Typ: 2 · Veh Use: 1 · Dmg Loc: 1 · Dmg Sev: 4
Owner Name: [redacted]
City, State, Zip: BLAINE, MN [redacted]
Fire: N · Towed: Y · Pulling: N · Direct: 5
Make: DODGE · Model: DAKOTA · Year: 93 · Color: GRY UNK
Plate: [redacted] · St Reg: MN · Year Reg: 04 · 1
Insurance: OWNERS · Policy Number: [redacted]

Unit 2

Position	Driver License Number 2	State	Class	DL Status	Factor 1
1	[redacted]	MN	D	1	1

Factor 2: –
Driver: 1
Physcl: 1
Name: [redacted]
City, State, Zip: ROCHESTER, MN [redacted]
DR Vio / Restrict: N 2
Recomd: 1
Air Bag: 4 · Safe Eqpt: 4, 4 · Eject: 5 · Inj Sev: C · Alcohol Test: N · Drug: N · To Hosp: Y
Transport: Other · Ambulance Service: –

Owner Name: SAA
Fire: N · Occup: F · Towed: Y · Veh Typ: 1 · Pulling: N · Direct: 3 · Veh Use: 1
Make: HYUN · Model: ELANTRA · Year: 01 · Color: GLD SAA
Plate: [redacted] · St Reg: MN · Year Reg: 04 · 1 · 1 · Dmg Loc: 11 · Dmg Sev: 4
Insurance (Unit 2): AMCO · Policy Number: [redacted]

Cargo Body Type: 98 · Haz Mat Flag: I · Waived: I

IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (required under MS 169.783 and 169.4511).

Waived: I · Haz Mat Flag: I · Cargo Body Type: 98

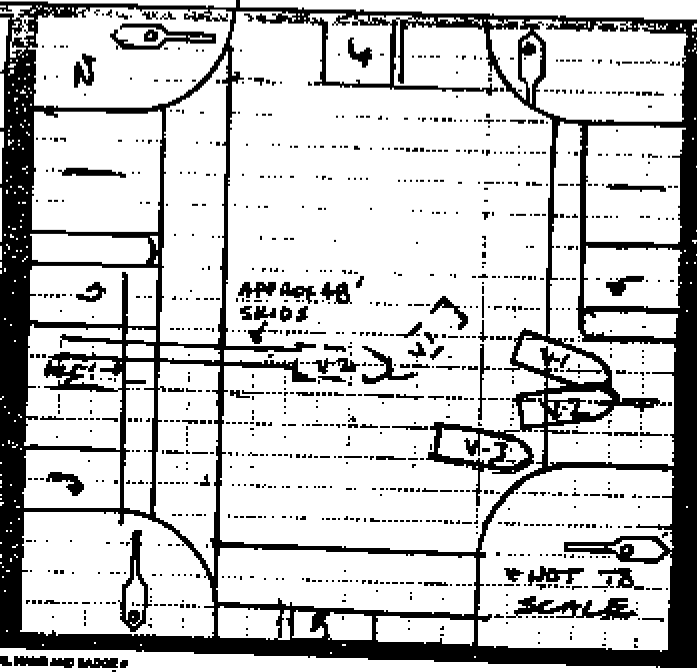
Commercial Vehicle Number 1 – Motor Carrier Name: — · DOT Number: —
Commercial Vehicle Number 2 – Motor Carrier Name: — · DOT Number: —

Passengers / Witnesses: NONE

Owner of Other Damaged Property and Description of Damaged Property and/or Yellow Tag Number(s): —

Damaged Property / Yellow Tag Number: —

Acc Typ: 1 · Sch Bus: J · Locate: 7 · On Bridge: N · Type of Rd: 98 · Loc of Crash: 98 · Workzone: N · Relation: 3 · Rd Surf: 1 · Rd Char: 6



Narrative:

- DIAGRAM SHOWS RESTING LOCATIONS OF V-1, V-2 & V-3 AFTER CRASH (AND WHAT IS BELIEVED TO BE INITIAL CRASH OF V-1 & V-2).
- V-1 DRIVER AT RED LIGHT IN (L) TURN LN TO EB 6 AVE NW FROM USTH 14.
- V-1 DRIVER SAW LIGHT TURN GRN, V-2 & V-3 SLOWING & MADE (L) TURN. (DOES NOT REMEMBER ANYTHING AFTER THAT).
- V-2 EB USTH 14, IN (L) LN SLOWING FOR RED LIGHT → TURNED GRN & CONT'ED
- V-3 EB USTH 14 (R) LN SLOWING FOR RED LIGHT → TURNED GRN & CONT'ED

Device: 1 · Working: 1 · Speed Limit: 4 · Posted Limit: 35 · Weather 1: 2 · Weather 2: – · Light: 4 · Photos: N · Diagram: J

Officer Name, Rank and Badge #: OFFICER J. NOVAK #2801
Agency: ROCHESTER PD · Patrol Station: —
☐ State Patrol ☒ Local ☐ Sheriff ☐ Other

PS-32003-11

LOCAL CASE NO. [redacted] AMENDED N

STATE OF MINNESOTA - DEPARTMENT OF PUBLIC SAFETY
ACCIDENT REPORT

N	N	UNITS 3	KILLED 0	INJURED 3	# VEH 4

MONTH 01 DATE 20 YEAR 04 DAY TUE MILITARY TIME 2133

ROUTE SYSTEM: ON US-TH | ROUTE NUMBER OR STREET NAME: US TH 14

COUNTY NO 55 | CITY 3235 | INT ELEM — | REFERENCE POINT — + —

ROUTE SYS LS | ROUTE #, STREET, CORP LIMIT, OR FEATURE: 6 AVE NW

FOR DPS USE ONLY

Unit 1

FACTOR 1: 1 | POSITION: 1 | DRIVER LICENSE NUMBER - 1: [redacted] | STATE: MN | CLASS: D | DL STATUS: 1

FACTOR 2: — | NAME (FIRST, MIDDLE, LAST): [redacted] | DATE OF BIRTH: [redacted]

DRIVER: 1 | ADDRESS: [redacted] | N | 1

PHYSCL: 1 | ROCHESTER, MN [redacted] [redacted]

RECOMD: 1 | AIRBAG CONTACT: N | SEX: F | SAFE EQPT TYPE: 4 | SAFE EQPT USE: 4 | AIRBAG: 4 | EJECT: 5 | INJ SEV: C

ALCHL TEST: N | TYPE: — | DRUG TEST: N | TYPE: — | TO HOSP: Y | AMBULANCE SERVICE: GOLD CROSS | RUN NUMBER: HIPPA

OCCUP: 4 | OWNER NAME: SAA | REG: N

VEH TYP: 1 | ADDRESS | TOWED: Y

VEH USE: 1 | CITY STATE, ZIP | PULLING UNITS | DIRECT: 3

DRIV LOC: 8 | MAKE: DODGE | MODEL: INTREP | YEAR: 95 | COLOR: GRN | SAA

DMG SEV: 3 | PLATE #: [redacted] | ST REG: MN | YEAR REG | SEQUENCE OF EVENTS: FIRST 1 | MOST HARM EVENT 1

INSURANCE: AMER FAMILY | POLICY NUMBER: [redacted]

Unit 2 (crossed out)

POSITION | DRIVER LICENSE NUMBER - 2 | STATE | CLASS | DL STATUS | FACTOR 1 | NAME (FIRST, MIDDLE, LAST) | DATE OF BIRTH | FACTOR 2 | ADDRESS | DRIVER | CITY STATE, ZIP | PHYSCL | AIRBAG CONTACT | SEX | SAFE EQPT TYPE | SAFE EQPT USE | AIRBAG | EJECT | INJ SEV | RECOMD | ALCHL TEST | TYPE | DRUG TEST | TYPE | TO HOSP | TRANSPORT | AMBULANCE SERVICE | RUN NUMBER | OWNER NAME | REG | OCCUP | ADDRESS | TOWED | VEH TYP | CITY STATE ZIP | PULLING UNITS | DIRECT | VEH USE | MAKE | MODEL | YEAR | COLOR | DRIV LOC | PLATE # | ST REG | YEAR REG | SEQUENCE OF EVENTS | MOST HARM EVENT | DMG SEV | INSURANCE UNIT 2 | POLICY NUMBER

CARGO BDY TYPE: 98 | HAZ MAT PLAC: I | HM/VDO: I | INSPECTION # | SHP BADGE #

IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (required under MS 169.783 and 169.4511).

HM/VDO: I | HAZ MAT PLAC: I | CARGO BDY TYPE

COMMERCIAL VEHICLE NUMBER 1 - MOTOR CARRIER NAME | DOT NUMBER —

COMMERCIAL VEHICLE NUMBER 2 - MOTOR CARRIER NAME — | DOT NUMBER —

PASSENGERS / WITNESSES

PASSENGERS / WITNESSES	UNIT	POSITN	DATE OF BIRTH	SEX	TYPE	USE	AIRBAG	EJECT	INJ SEV	TO HOSP	TRANSPORT	AMB SERVICE	RUN NUMBER
—											☐ AMB ☐ OTHER		
—											☐ AMB ☐ OTHER		
—											☐ AMB ☐ OTHER		

OWNER OF OTHER DAMAGED PROPERTY AND DESCRIPTION OF DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER(S): —

DAMAGED PROPERTY / YELLOW TAG NUMBER

ACC TYP: 1 | SCHL BUS: N | LOCATN: 1 | ON BRIDGE: N | TYPE OF INT: 98 | LOC OF FIRST HARM: 28 | CONTRIB: N | ZONE: 3 | # LANES: 1 | CHAR: 4

SEE PAGE 1

NARRATIVE:

* V-1 TURNED, STRUCK V-2, V-2 STRUCK V-3.
* V-3 DRIVER STATED AFTER INITIAL CRASH W/ V-2, V-3 SPUN 360° DURING WHICH REAR PASS. SIDE WAS STRUCK 2ND TIME.
* ALL CARS TOWED BY MOODY'S.
* V-3 DRIVER TX TO OCH BY GCAS, V-2 DRIVER TO OCH BY PRIVATE VEH. & V-1 DRIVER SAID SHE WAS GOING TO A HOSP BY PRIVATE VEH.
* V-1 DRIVER CITED FTYROW (L) TURN - STATE REPORT.

(MEASUREMENT FOR V-2 SKIDS INDICATED V-2 WAS UNDER 35 MPH SPEED LIMIT).

BIKE: — | WORKZN: — | INT REL: — | — | WEATHER 1: — | WEATHER 2: — | LIGHT: — | SURFACE COND: — | DIAGRAM: —

OFFICER RANK, NAME AND BADGE #: OFFICER J. NOVAK #2361

AGENCY: ROCHESTER PD | PATROL STATION: — | ☐ STATE PATROL ☐ POLICE ☐ SHERIFF ☐ OTHER